

# **California Child and Family Services Review**

## **System Improvement Plan Annual Update**

**Shasta County**

**June 2013**



**Shasta County Health and Human Services Agency  
Children's Services**

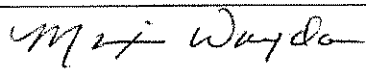
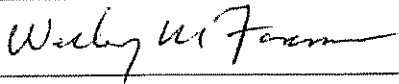
**and**

**Shasta County Probation Department**

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Submitted to the:  
California Department of Social Services

**California's Child and Family Services Review  
System Improvement Plan - Annual Update**

<b>County:</b>	Shasta County
<b>Responsible County Child Welfare Agency:</b>	Health and Human Services Agency, Children's Services
<b>Period of Plan:</b>	October 30, 2010 – June 11, 2015
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<b>Signature:</b>	

## **Shasta County System Improvement Plan – 2013**

### **Shasta County Health and Human Services Agency (HHSA) Children's Services & Shasta County Probation Department**

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## **System Improvement Plan Annual Update - 2013**

### **System Improvement Plan (SIP) Narrative**

The System Improvement Plan Annual Update – 2013 (SIP Annual Update) reports on the 2010 System Improvement Plan (SIP) as it was updated by the 2011 SIP Annual Update. The SIP is part of the C-CFSR process to assess whether child welfare services are achieving the desired outcomes through the identification and implementation of evidence-based or best-practice responses to areas needing improvement. The SIP was developed based on the findings of the County Self-Assessment (CSA), the Peer Quality Case Review (PQCR) and the Quarterly Outcome and Accountability Data Reports. Through delineation of improvement goals, strategies, milestones and timeframes the SIP identifies a series of quality improvement approaches to impact the child welfare outcomes identified as the focus of Shasta County. The process used for the SIP was a combination of quantitative analysis, qualitative information gathered from child welfare resource experts, County leadership, focus group input and literature reviews. The SIP was developed through a core committee that included participation by County and community members with periodic review by the Continuous Quality Improvement Committee. This collaborative group includes decision makers within County and community organizations as well as individual community stakeholders. As the C-CFSR is a continuous quality improvement model, Shasta County has worked toward continuing development of strategies to improve safety, permanency, and well-being of children.

The SIP seeks to combine three types of strategies to achieve the identified goals:

1. Evidence informed community based prevention activities;
2. Implementation of evidence-based practices in existing service activities; and
3. Child welfare practice enhancements.

#### Evidence informed community based prevention activities:

The Shasta County Health and Human Services Agency Strategic Plan 2011-2020 includes an expanded prevention initiative called the Strengthening Families Community Collaborative focused on prevention of adverse childhood experiences. The Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences and increasing protective factors among Shasta County families. Strengthening Families, as a framework for building community based activities, is a literature informed approach that focuses on building five protective factors that help parents to have the resources they need to parent effectively even when under stress. Shasta County has utilized the Strengthening Families framework in program development related to OCAP's CAPIT/CBCAP/PSSF<sup>1</sup> Plan related projects. Subcommittee structure and work have been organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.

#### Implementation of evidence-based practices in existing service activities:

The HHSA strives to utilize evidenced-based and, evidence-informed or child welfare best practice guidelines as part of its training, overall direction, and in our contracting process with community providers. Shasta County Children's Services (CS) has utilized or is in the process of implementing evidence-based practices, SafeCare®, Positive Parenting Program (Triple P®), Supporting Father Involvement (SFI), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Child and Adolescent Needs and Strengths (CANS), Structured Decision Making (SDM), and

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<sup>1</sup> CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families.

Motivational Interviewing (MI) to address child welfare outcomes. These evidence-based practices were or are being implemented in the context of existing service systems, including the differential response system, contracted services, family maintenance and reunification services, and foster parent training. A brief overview of each practice follows:

- SafeCare® is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
- Positive Parenting Program (Triple-P®) is a multi-level system of parenting and family support. Its goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment.
- Supporting Father Involvement (SFI) is a family focused intervention aimed at effectively engaging fathers as a key participant in family support and strengthening. It is also a method of fostering organizational development and growth for agencies and professionals serving at-risk families.
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) is a therapeutic intervention designed to help children, adolescents, and their parents overcome the impact of traumatic events. It is designed to help with traumas related to sexual abuse, physical abuse, domestic abuse, community violence, unexpected death of a loved one, natural disaster, and war.
- Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
- Structured Decision Making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan.
- Motivational Interviewing (MI) focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. The method differs from more "coercive" or externally--driven methods for motivating change as it does not impose change (that may be inconsistent with the person's own values, beliefs or wishes); but rather supports change in a manner congruent with the person's own values and concerns.

### Child Welfare practice enhancements

Practice enhancements have included both expanding and enhancing current practices and the introduction of some new strategies as identified below:

- Safety-organized practice (SOP) is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.
- High Risk Team (HRT) was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focus on early identification of high-risk children. They work closely with care providers and social workers to access needed services. Shasta County Probation has also expressed interest in utilizing this program to improve permanency outcomes for probation wards.
- Family Team Meetings (FTM) involves families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A team decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. The goal is for the team to share decision making. Shasta County Probation will also utilize this service, as appropriate, to improve safety and permanency outcomes for probation wards.
- The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with CDSS, the County Welfare Directors Association (CWDA) and the Youth Law Center with support from the Stuart, Walter S Johnson and David B. Gold Foundations. The goal of the initiative, formerly known as the Caregiver Recruitment and Retention Pilot, is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide excellent care to children in California's Child Welfare System.
- Family Finding includes methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. Continued development of current practice including early and on-going family finding with improvements in strategies for approval of relative and non-related caregivers who have been a part of the child's life as alternatives to placement with foster homes that are unknown to the child.
- Linkages, a collaborative project between Children's Services and CalWORKs, that seeks to coordinate and integrate the activities of the two programs for individual families served in both programs into one integrated case plan. The benefit for families is reducing barriers to accomplishing case plan goals by the two service systems working more closely together and being able to leverage services from both systems into a plan to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages system barriers have been reduced and capacity development has occurred.
- Continued monitoring and practice improvements in collaboration with the Shasta County Blue Ribbon Committee, including meaningful participation in court by parents and youth.

- Internal work group ongoing review of practice and development of recommendations for improving timeliness of court reports and creating greater efficiencies in work processes.

There are five focus areas addressed in the SIP. Each focus area is individually addressed in the SIP matrices with strategies, milestones and timeframes. Some strategies are applicable to more than one focus area. The five focus areas are:

1. Strategies for prevention of child maltreatment
2. Strategies to reduce rate of foster care placement
3. Strategies to reduce time to reunification
4. Strategies to increase placement stability
5. Strategies to build more connections for youth in foster care to family/non-related persons with whom child has connections

**System Improvement Plan – 2011 2012 (November 2011-June 2013)**

Goals	Strategies	Outcome Measures
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ <b>Community Collaborative</b></li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Structured Decision Making (SDM) and Signs of Safety (SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ <b>Father Finding and Engagement</b></li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1</li> <li>▪ Timeliness and Permanency of Reunification</li> <li>▪ C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>▪ C1.2 Median Time to Reunification (Exit Cohort)</li> <li>▪ C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4</li> <li>▪ Placement Stability</li> <li>▪ C4.1 Placement Stability (8 days-12 month in care)</li> <li>▪ C4.2 Placement Stability (12 - 24 months in care)</li> <li>▪ C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

To analyze the progress of SIP 2011 2012 this SIP Annual Update uses the Quarterly Outcome and Accountability Data Reports accessed via the CDSS website, <http://www.childsworld.ca.gov> or the University of California at Berkeley Center for Social Sciences Research Child Welfare Dynamic Report System, <http://cssr.berkeley.edu/cwscmsreports>.

## Focus Area #1 - SIP Component 1.0 - Prevention of Child Maltreatment

### Strategies & Progress 2011 2012 (November 2011-June 2013):

- Community Collaboration toward Prevention of Adverse Childhood Experiences - To prevent adverse childhood experiences, an expanded prevention initiative called the Strengthening Families Community Collaborative has been formed to: increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work was organized around perinatal exposure to violence and substance use, maternal mental and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.
  - Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative (Strengthening Families Community Collaborative) focused on prevention of adverse childhood experiences.
    - ❖ CS has continued to be involved and visible through active participation in the Strengthening Families Collaborative focused on the goal of prevention of Adverse Childhood Experiences (ACEs):
      - Strategic Directions:
        - Increase protective factors among Shasta County families
        - Coordination of Service Systems and Policies
        - Educate and engage the community
    - ❖ CS staff were educated and trained about the community collaborative and Adverse Childhood Experiences (ACEs)
      - Adverse Childhood Experiences are strong predictors of later health risks and disease
        - Injuries, heart disease, cancer, suicide, smoking, drug use, numerous sexual partners, psychotropic medications
      - ACEs include:
        - Abuse: Physical, sexual, emotional
        - Family risks: Substance abuse, parental conflict, mental illness, domestic violence, incarcerated parent
        - Neglect: Emotional, physical
    - ❖ Support services provided for high risk pregnant women. Coordinated with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy. Approximately 25 pregnant women with identified high risk factors during pregnancy were provided an assessment and support services. Through the services and supports, approximately 52% of the high risk pregnant women successfully addressed or are addressing the concerning risk factors to the extent that CS intervention at delivery was reduced, not necessary, or projected to not be necessary.
- SafeCare® Differential Response - Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.
  - To ensure the sustainability of the SafeCare Home Visitation Project in Shasta County the subset of the SafeCare Home Visitors that were trained and certified as SafeCare Coaches and SafeCare Trainers in the first year of this SIP (2010) led the Cascade in the second/third year of this SIP (2011 2012). Through the Cascade these certified Shasta County SafeCare Coaches/Trainers trained and certified new SafeCare Home Visitors countywide.
    - ❖ The new home visitors delivered service to the DR program, to open CWS cases, and to minor parents with the Teenage Parent Program and Behavioral Health Team programs.



- CBCAP Parent Leadership - Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.
  - The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.
  - ❖ Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting.
    - Blue Ribbon Committee sub-committee project – Parent Leaders are panel participants at the twice monthly Court Orientation for families new to child welfare services
    - Local Parent Leadership Mini Conference – Shared Leadership in Action Plan
    - State Parent Leadership Conference – Parent Leadership Award received by a Shasta Parent Leader
    - CAPC board meetings – Parent Leader reported on PLAG activities
    - SIP Continuous Quality Improvement meeting
    - CS Family Team Meetings Advisory Group
  - ❖ PLAG Parent Leaders and Parent Volunteer participation in Survey of Child Welfare Services and Supports conducted by CS for IV-E Waiver analysis.
  - ❖ Utilized Parent Leader program logic model, continued work on program manual, implemented client satisfaction survey, implemented self assessment tool, and continued development of pre/post assessment tool. Monthly PLAG client satisfaction surveys showed an average 93% positive satisfaction. 70% reported voluntary PLAG attendance.
  - ❖ Research to identify comparable Parent Leadership Development programs to participate in the Peer Review process.

## Analysis<sup>2</sup>

### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction

Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal

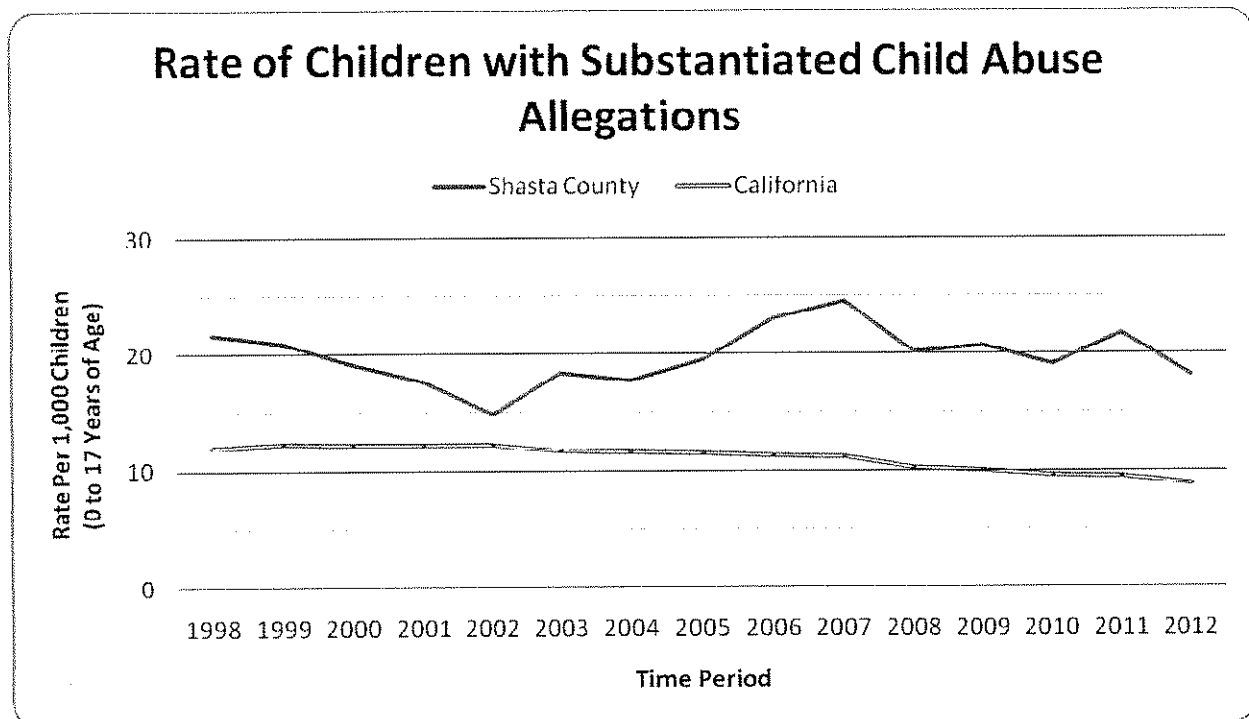
Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - Participation Rates: Referral Rates**
  - County's performance at beginning of SIP year 1; Q4-2009: (77.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼78.5)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼88.3)
  - County's most recent performance as of Q4-2012: (▼92.2) (CA average 53.1)
  - County's goal: 5% improvement of original data by June 2015 (<=74.0)

<sup>2</sup> The UC Berkeley Outcome Measures: Performance SIP year 1 = "CWS Outcomes System Summary for Shasta County—06.30.10; Report publication: JUL2010. Data extract Q4-2009. Agency: Child Welfare," Performance SIP year 2 = "CWS Outcomes System Summary for Shasta County—06.30.11; Report publication: JUL2011. Data extract Q4-2010. Agency: Child Welfare," Performance SIP year 3 = "CWS Outcomes System Summary for Shasta County—03.24.12; Report publication: APR2012. Data extract Q4-2011. Agency: Child Welfare," and Most Recent Performance = "CWS Outcomes System Summary for Shasta County—03.28.12; Report publication: APR2013. Data extract Q4-2012. Agency: Child Welfare."

- **Outcome/Systemic Factor - Participation Rates: *Substantiation Rates***
  - County's performance at beginning of SIP year 1; Q4-2009: (19.1)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲17.1)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼19.8)
  - County's most recent performance as of Q4-2012: (▲18.2) (CA average 8.9)
  - County's goal: 5% improvement of original data by June 2015 (<=18.1)
- **Outcome/Systemic Factor - S1.1 *No Recurrence of Maltreatment***  
(National Standard/Goal >= 94.6)
  - County's performance at beginning of SIP year 1; Q4-2009: (89.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲92.8)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲93.8)
  - County's most recent performance as of Q4-2012: (▲91.0) (CA average 93.1)
  - County's Goal: 5% improvement of original data by June 2015 (>=94.3)

Analysis<sup>3</sup>



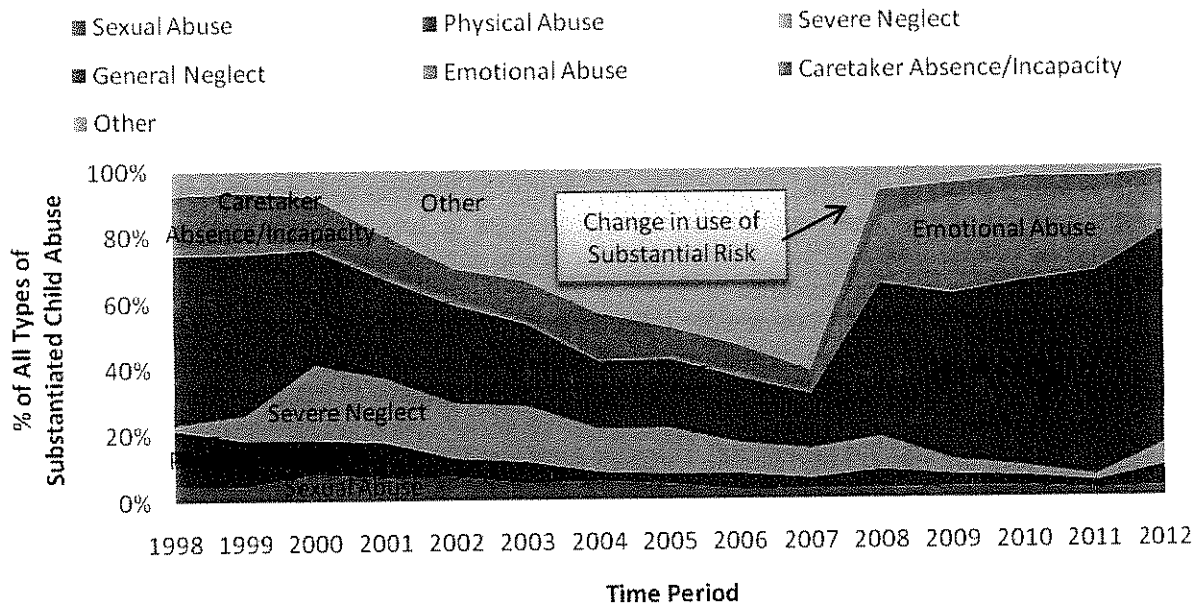
#### Participation Rates: Substantiation Rates

- ▼ In 2012, Shasta County's rate was more than twice that of California's rate.

<sup>3</sup> Data Source (Data compiled by Shasta County Health and Human Services, Outcomes, Planning and Evaluation):

■ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., Henry, C., & Lawson, J. (2013). *Child Welfare Services Reports for California*. Retrieved 04/03/2013, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

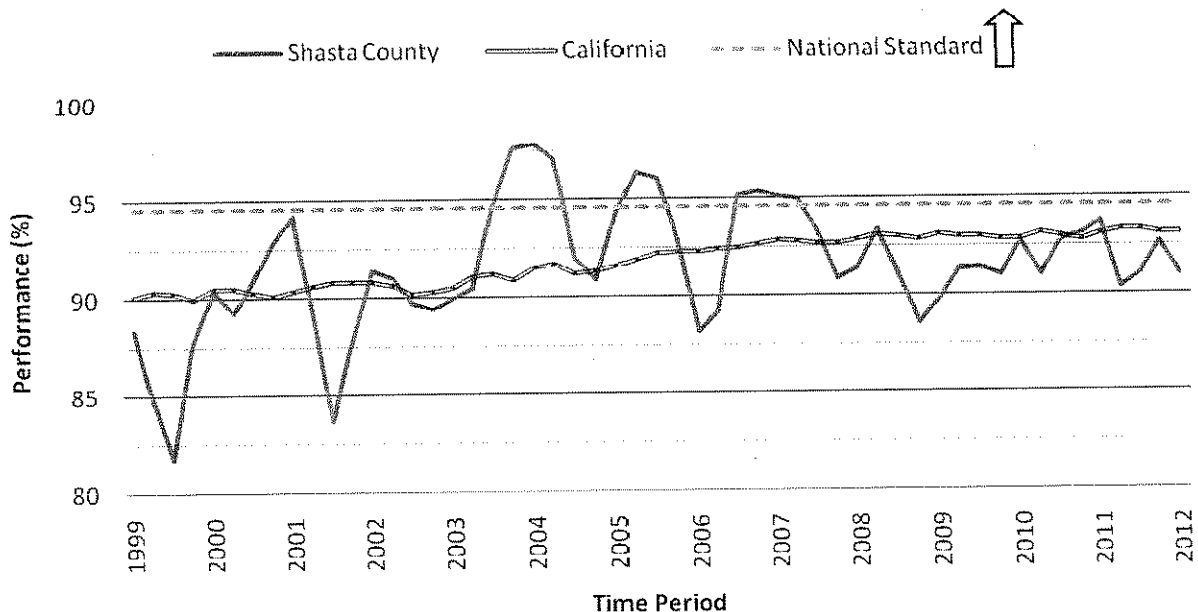
## Substantiated Child Abuse by Type



### Substantiated Child Abuse by Type

- General Neglect and Emotional Abuse became the two highest types of substantiated child abuse with approximately 65% and 13% respectively as of 2012.

## S1.1 No Recurrence of Maltreatment



### S1.1 No Recurrence of Maltreatment

- ▼ Shasta County is below the National Standard.
- ▼ Shasta County's performance is below California's.

## SIP 2013 – Plan for Focus Area #1 - SIP Component 1.0 - Prevention of Child Maltreatment

Strategies 2013 (June 2013-June 2014):

- Community Collaboration toward Prevention of Adverse Childhood Experiences - To prevent adverse childhood experiences, an expanded prevention initiative called the Strengthening Families Community Collaborative has been formed to: increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.
  - Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative (Strengthening Families Community Collaborative) focused on prevention of adverse childhood experiences.
    - ❖ CS to be involved and visible through continued active participation in the community collaborative focused on prevention of adverse childhood experiences.
    - ❖ CS staff educated and trained about community collaborative strategies to reduce the rate of substantiated cases of child maltreatment.
    - ❖ Provide support services for high risk pregnant women. Coordinate with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy.
- SafeCare® Differential Response - Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and certified Shasta SafeCare® Trainers will train and certify 6 to12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. 2-6 of the 6-12 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches.
    - ❖ The new home visitors will deliver service to the DR program, to open CWS cases, and to minor parents with the Teenage Parent Program and Behavioral Health Team programs.
- CBCAP Parent Leadership - Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.
  - The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.
    - ❖ Continue to identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, Katie A. implementation, etc.) Maintain mechanism for compensation through stipends/gift cards.
    - ❖ Strengthen to include an updated logic model, updated evaluation component, research and/or obtain technical assistance related to an evidence-based/informed structure, and develop/implement a structured peer review component.

## Focus Area #2 - SIP Component 2.0 – Reduce Rate of Foster Care Placement.

Strategies & Progress 2011 2012 (November 2011-June 2013):

- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.
  - A Family Search and Engagement process has been developed. The family search and engagement process for every case begins at the time of the first contact with the family. The intake social worker asks of every available parent, family member, child, and/or family friend if there are local relatives/fictive kin that could provide support to the family or to potentially take placement of the child if it becomes necessary to place the child into out-of-home placement.
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.
  - The purpose of the FTM is to create a family plan that is family centered and specific to the family in order to achieve safety, and permanency for the family and the child. Services are created, one child at a time, to meet the unique needs of the family and the child. Due to availability of staff facilitators the 2 weeks of Detention time frame is not being met, current actual time frame approximates 1 month. This FTM focuses on the needs of the child and establishes a working relationship between the parents and social worker. The Intake SWs are included in the FTM as available, Ongoing SWs always attend.
  - A discussion of FTMs has been added to the parent Court Orientation presentation. Parents are told that FTMs are meetings to support parents through the process of reunification. Parents are now calling requesting an FTM right after they have attended the Court Orientation. This is helping to speed up the process.
  - The FTM process has been developed and documented by the FTM Advisory Group (which includes FTM Facilitators, Parent Leadership Advisory Group (PLAG) Parent, SW Supervisor, SWs, PH, D&A, and MH).
- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court ordered family maintenance cases.
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers through the Cascade trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Cascade Home Visitors were trained and certified as SafeCare® coaches.
    - ❖ The new home visitors delivered service to the DR program, to open CWS cases, and to minor parents with the TAPP and BHT programs.
      - Increase families' skills in health, safety, child interaction and problem solving.
- Structured Decision Making (SDM) and Signs of Safety (SOS) - Full implementation of Structured Decision Making (SDM) including the piloting of Signs of Safety (SOS).
  - 5 SW Supervisors participated in University of Davis sponsored Safety Organized Practice (SOP) Train the Trainer series. SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. The UC Davis SOP Train the Trainer series included 12 modules.

- These in-house staff Trainers trained approximately 1/2 of the staff through 7 of the 12 modules. The other 1/2 of staff attended trainings through UC Davis. The plan is for all staff to complete SOP training.
- SW and SW Supervisors have utilized monthly on-site visits from UC Davis SOP Coaches to help deepen our practice and learn where we can do more with how we interact with families.
  - ❖ For Ongoing SW to improve how we talk to families.
  - ❖ For Intake SW how to do more safety mapping and safety circles out in the field to bring the family in cooperatively.
- UC Davis provided SDM training to all Intake and Ongoing SW staff specific to the needs of the two areas. SWs are required to use the SDM tools. Supervisors are required to ask at critical points what did SDM say.
- SWs have worked towards the goal of completing the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.

## Analysis

### Explanation of symbols:

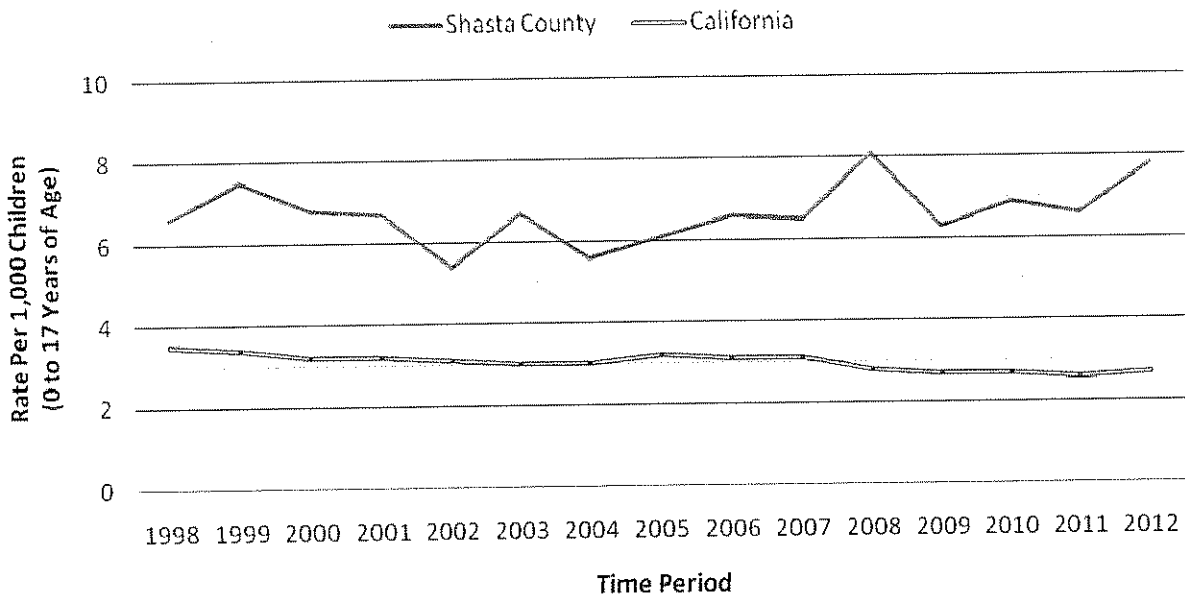
Green text with (▲) indicates performance moving in the desired direction

Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal

Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - Participation Rates: *Entry Rates***
  - County's performance at beginning of SIP year 1; Q4-2009: (7.3)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼7.6)
  - County's performance at beginning of SIP year 3; Q4-2011: (▼7.8)
  - County's most recent performance as of Q4-2012: (▼9.0) (CA average 3.3)
  - County's goal: 5% improvement of original data by June 2015 (<=6.9)
- **Outcome/Systemic Factor - Participation Rates: *In Care Rates***
  - County's performance at beginning of SIP year 1; Q4-2009: (13.6)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲12.3)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲12.6)
  - County's most recent performance as of Q4-2012: (▲13.5) (CA average 5.6)
  - County's goal: 5% improvement of original data by June 2015 (<=12.9)
- **Outcome/Systemic Factor - C1.4 Reentry Following Reunification (Exit Cohort)**  
(National Standard/Goal <= 9.9)
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲4.5)
  - County's most recent performance as of Q4-2012: (▲4.3) (CA average 12.3)
  - County's Goal: 5% improvement of original data by June 2015 (<=11.2)

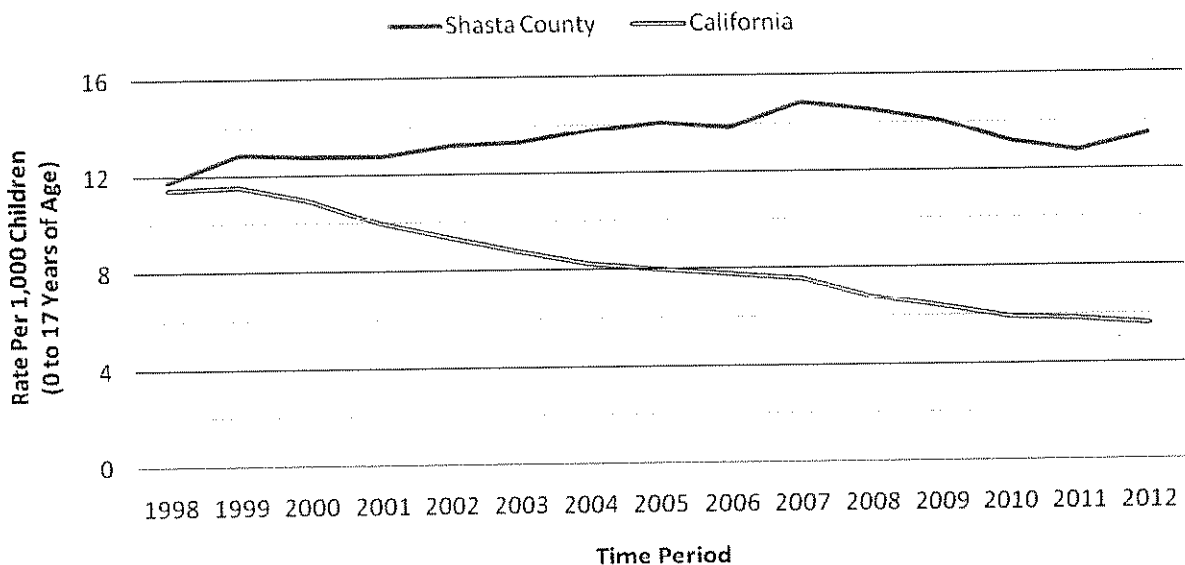
## Rate of First Entry into the Child Welfare System



### Participation Rates: Entry Rates

- ▼ Shasta County's first entry rate has been higher than California's.
- ▼ Shasta County's performance has fluctuations and a possible increasing trend.

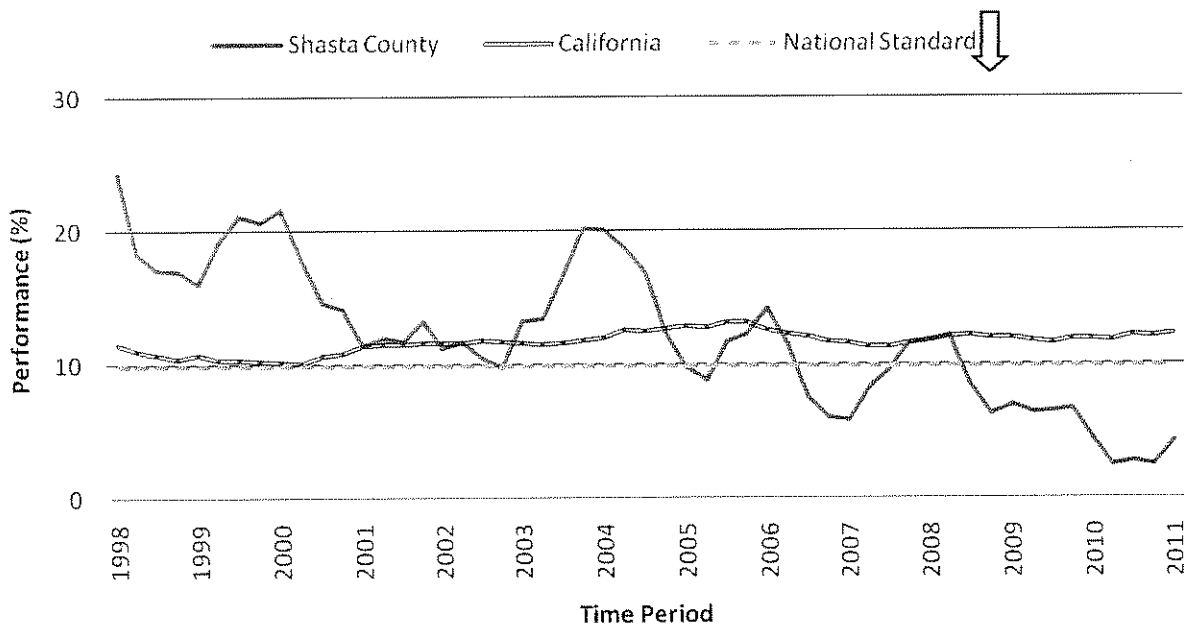
## Rate of Children in the Child Welfare System



### Participation Rates: In Care Rates

- ▼ Shasta County's in care rate has been higher than California's.

## C1.4 Reentry Following Reunification



### C1.4 Reentry Following Reunification

- ▲ Shasta County's has been better than the National Standard since 2008.
- ▲ Shasta County's performance has been better than California's since 2008.

### SIP 2013 – Plan for Focus Area #2 - SIP Component 2.0 – Reduce Rate of Foster Care Placement.

Strategies 2013 (June 2013-June 2014):

- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.
  - Review and update Policy and Procedure for staff family finding and early engagement practices to support social workers efforts with family safety planning so that temporary custody is not necessary.
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.
  - An initial Family Team Meeting (FTM) will be offered to parents and their family support persons for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources. Included in the initial FTM will be the Intake and Ongoing social workers.
  - Review and update Family Team Meeting Policy and Procedure.
- SafeCare® - Through the SafeCare® home visitation model, in-home parent training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court order family maintenance cases.
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and certified Shasta SafeCare® Trainers will train and certify 6 to 12 new



SafeCare® Home Visitors countywide to continue to prevent child maltreatment. 2-6 of the 6-12 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches.

- ❖ Increase families' skills in health, safety, parent-child interactions and problem solving.
- Structured Decision Making (SDM) and Safety Organized Practice (SOP) - Full implementation of Safety Organized Practice (SOP) including Structured Decision Making. SOP includes SDM, SOS, plus trauma-informed practice.
  - SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.
    - ❖ Continued participation in UC Davis sponsored and/or in-house provided Safety Organized Practice (SOP) training/mentoring and implementation activities.
    - ❖ Social Workers will work towards the goal of completing the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.

### Focus Area #3 - SIP Component 3.0 – Reduce Time to Reunification.

Strategies & Progress 2011 2012 (November 2011-June 2013):

- Father Finding and Engagement - Increase father finding and engagement efforts through Supporting Father Involvement.
  - The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
    - ❖ Supporting Father Involvement (SFI) Program implemented. Part of this evidence-based program involves two types of group intervention: one for fathers and one for co-parenting couples. We implemented our first father's groups on June 8, 2012, and our first co-parenting group on June 15, 2012. Each group ran for a period of 16 weeks. A second round of the co-parenting group began on February 13, 2013, and the second round of the father's group began on March 8, 2013
    - ❖ To date our education efforts have focused primarily on increasing staff awareness about the importance of father engagement throughout the life of a case plan. Activities to date have included:
      - Organizational Self Assessment to assess current level of "Father Friendliness"
      - "Father Friendliness" training for all HHSA Children's Services staff.
      - SW and MH clinicians trained to deliver the SFI Group/Co-parenting curricula.
      - Internal team formed to develop/monitor a Children's Services SFI action plan.
      - Internal committee formed to evaluate physical environment of our waiting and visitation rooms to determine their current level of father friendliness.
      - The second Organizational Self Assessment is conducted.
      - Survey is sent to all Children's Services male staff for input on how to make our waiting rooms and visitation rooms more father friendly.
      - SFI Program update given at the all staff meeting.
- Triple-P® - Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.

- Parent education providers will continue to be trained to implement Triple-P® training with parents and HHSA CS Family Workers will support and reinforce the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.
- Triple P® has been included in the Differential Response Community Parent Partner program contract.
- Triple P® has been included in the Minor Parent Services contract.
- Linkages - Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.
  - To increase the number of Linkages eligible cases that engage in Linkages and participate in coordinated services we have co-located the CalWORKs Linkages Coordinator (LC) at Children's Services (CS) since October 2011.
  - All Linkages eligible clients are referred to Behavioral Health Team (BHT). The BHT SW encourages the client to follow through on their case plan services and provides a status update to the Children's Services SW.
  - Monthly and quarterly meeting that involve representatives from CalWORKs, Children's Services, Fiscal and Behavioral Health Team are held to discuss recommendations for improving the service system.
  - The LC attends various meetings to talk about Linkages, including orientation training for new CS staff. The LC attends weekly Multi-Disciplinary Team case staffing to increase staff awareness of Linkages. Various communications go out to HHSA staff about Linkages, progress, and accomplishments.
  - The Linkages Committee has completed a written process.
- SafeCare® - Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving is available to be provided to reunifying families when children begin trial home placement. To date the focus has been the provision of SafeCare® through Differential Response and to voluntary and court ordered family maintenance cases.
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers through the Cascade trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Cascade Home Visitors were trained and certified as SafeCare® coaches.
- Decrease # of Continued Hearings - Decrease the number of continued hearings.
  - Assessment by the Court Workgroup (SW Supervisors) identified issues with timely court reports due to SW illness and unfilled vacancies in addition to SWs potentially not realizing the importance of timelines and/or lacking clear timelines with strong consequences and expectations. Continual SW training is necessary due to staff turnover. Processes put in place and working in the near past were found to have lapsed due to SW Supervisor and SW staff turnover. A procedure has been completed and written to provide guidance on the timely submission of court reports to support Children's Services efforts to obtain appropriate permanency by avoiding unnecessary continuances of court hearings. Welfare and Institution Code Section 366 details specific time requirements for submitting court documents and for providing those documents to all parties involved with child welfare cases. Children's Services will comply with these time requirements when preparing and submitting all documents for child welfare cases. To ensure timeliness, Children's Services will complete and submit court documents in accordance with specified timelines. Improvement has been noted in the consistent/accurate data entry for results tracking and information gathering. The

assigned Court Officers record and provide the information to assigned Legal Clerks for data entry into CWS/CMS.

- Participatory Case Planning (including Family Team meetings, SDM and SOS) – Consistently utilize Structured Decision Making (SDM) through life of case; utilize Signs of Safety (SOS) in the context of Family Team meetings (FTM) to increase Participatory Case Planning.
  - Participatory planning is a strengths-based approach to working with families and individuals who may have multiple needs that are complex. Participatory Case Planning (PCP) in the provision of services is family centered, culturally sensitive, and brings teams of people together (including the community) to build a plan that is strengths-based and individualized. PCP utilizes the family strengths and needs assessment SDM tool to guide family involvement, use families' ideas/input and develop behavior specific case plans. These case plans identify what behavior, specific to the family's needs, must be demonstrated to show the family has changed. PCP uses SOP to identify the three top areas to make the family safe. FTMs then focus on the three top areas. Either at an FTM or talking with family, SW and family identify top three and identify solutions, and SW writes case plan and reviews with the family. The goal has been to have the PCP case plan completed and ready for family signature prior to Court so families can review and discuss their thoughts regarding their family's needs and solutions. We are still working to reach this goal. There is still work to be done to increase parent participation in the development of the case plan. Specifically, Children's Services needs to work to define a consistent definition and practice implementation plan for PCP that needs to be conveyed to all staff.
  - Safety Organized Practice (SOP) is utilized in FTMs. SOP includes SDM, SOS, plus trauma-informed practice. Structured Decision Making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan. Social workers have the responsibility for completing the SDM Reassessment Tool prior to the FTM. In SOP "safety" is actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time. The three questions of safety mapping open discussion for what is working well, what are the concerns, and what are the next steps.

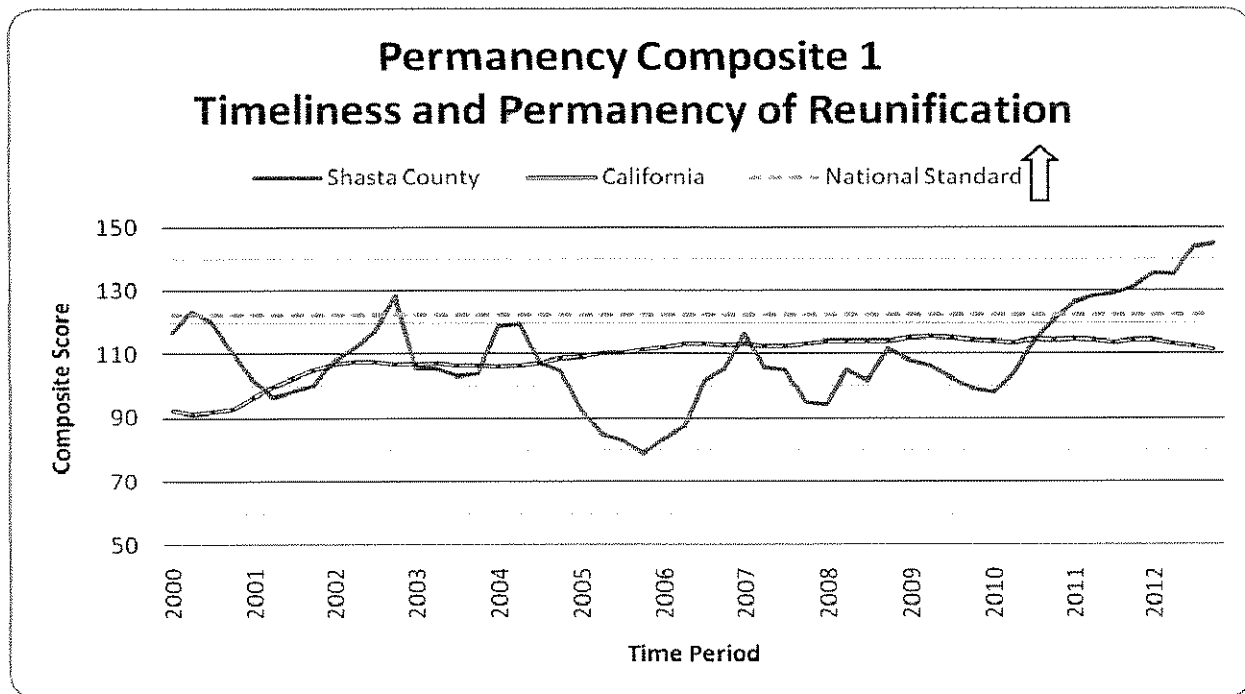
## Analysis

### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction and above National Standard/Goal  
Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal  
Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - C1 Permanency Composite 1**  
***Timeliness and Permanency of Reunification***  
(National Standard/Goal  $\geq 122.6$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (98.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲120.4)
  - County's performance at beginning of SIP year 3; Q4-2011(▲127.5)
  - County's most recent performance as of Q4-2012(▲144.9) (CA average 111.4)
  - County's Goal: 5% improvement of original data by June 2015 ( $\geq 103.8$ )

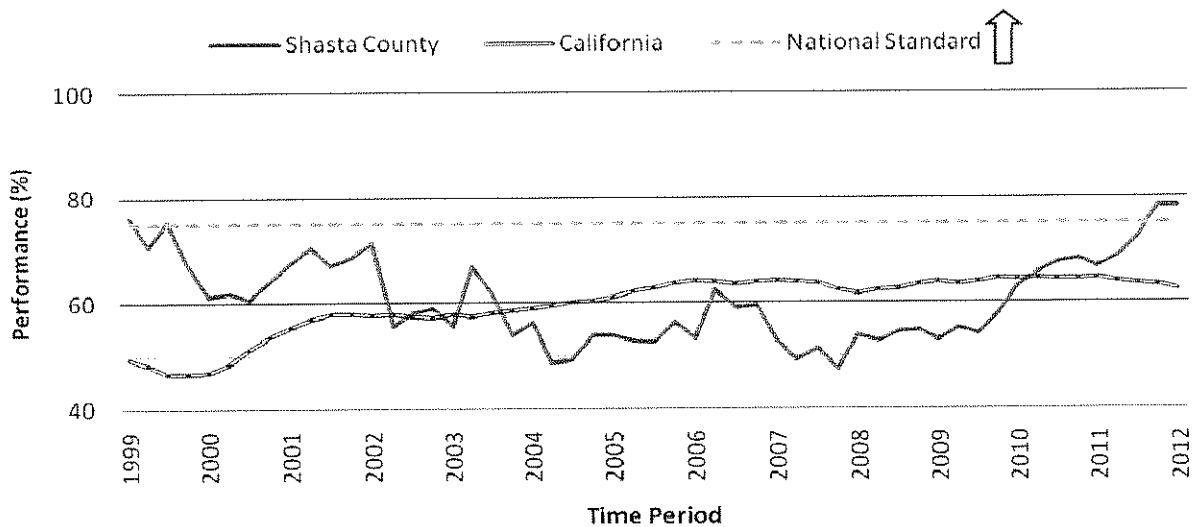
- **C1.1 Reunification within 12 Months (Exit Cohort)** - (National Standard/Goal  $\geq 75.2$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (52.4)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲62.6)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲61.9)
  - County's most recent performance as of Q4-2012: (▲78.3) (CA average 62.5)
- **C1.2 Median Time to Reunification (Exit Cohort)** - (National Standard/Goal  $\leq 5.4$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (11.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲9.5)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲9.4)
  - County's most recent performance as of Q4-2012: (▲6.5) (CA average 8.9)
- **C1.3 Reunification within 12 Months (Entry Cohort)** - (National Standard/Goal  $\geq 48.4$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (39.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼36.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲43.3)
  - County's most recent performance as of Q4-2012: (▲40.4) (CA average 39.9)
- **C1.4 Reentry Following Reunification (Exit Cohort)** - (National Standard/Goal  $\leq 9.9$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (11.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲7.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲4.5)
  - County's most recent performance as of Q4-2012: (▲4.3) (CA average 12.3)



#### C1 Permanency Composite 1 – Timeliness and Permanency of Reunification

- ▲ Shasta County's composite score rose above California's score in the last quarter of 2010 and has remained higher since.
- ▲ Shasta County's composite score rose above the National standard in the 2011 and has remained higher since.

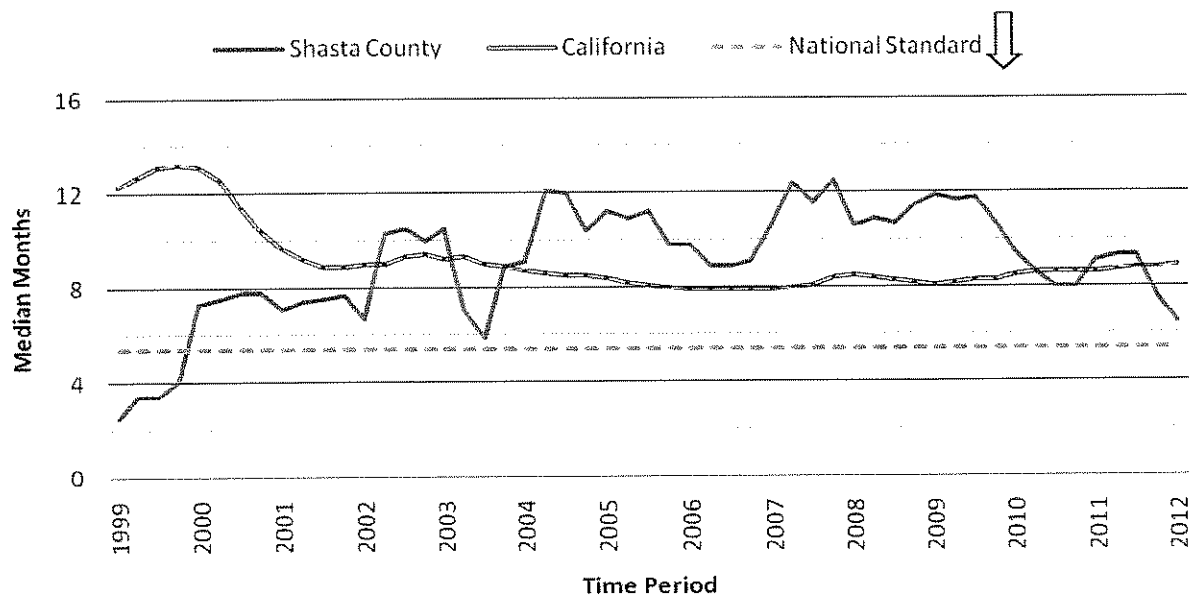
### C1.1 Reunification within 12 Months (Exit Cohort)



#### C1.1 Reunification within 12 Months (Exit Cohort)

- ▲ Shasta County's performance is better than National Standard as of the last two reporting periods
- ▲ Shasta County's performance has been above California's since 2010

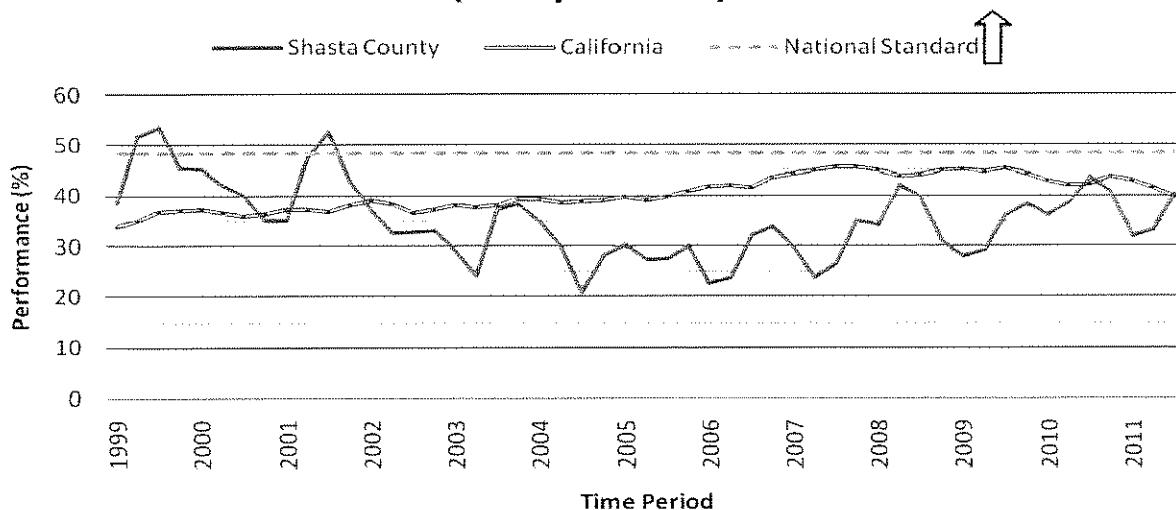
### C1.2 Median Time to Reunification



#### C1.2 Median Time to Reunification

- ▼ Shasta County's median length of stay has not met the National Standard since 1999
- ▲ Shasta County's median length of stay is currently better than California's.

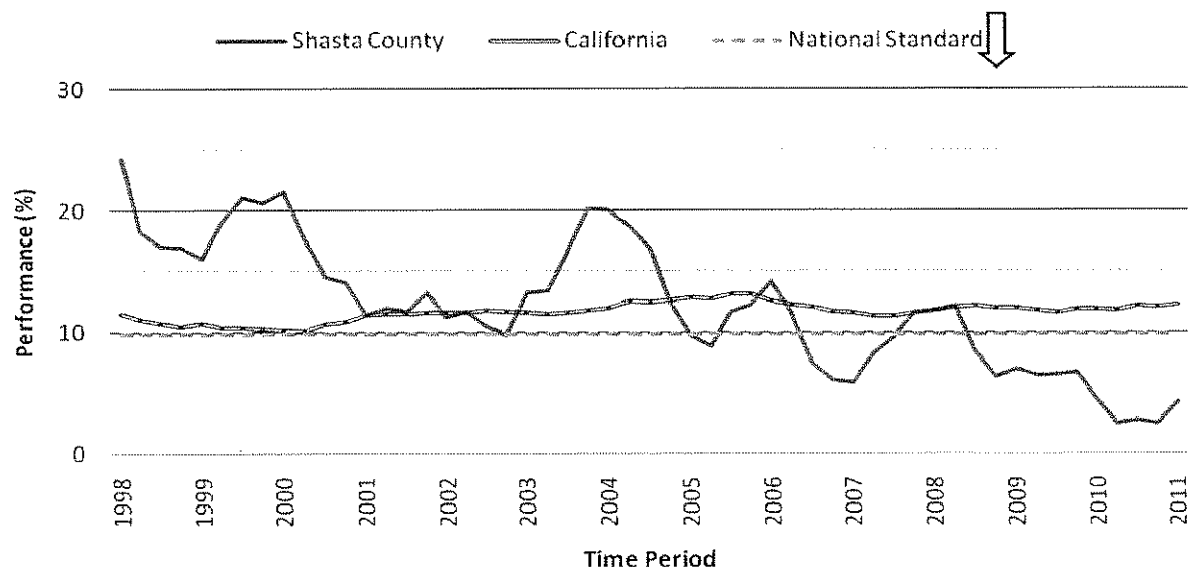
### C1.3 Reunification within 12 Months (Entry Cohort)



#### C1.3 Reunification within 12 Months (Entry Cohort)

- ▼ Shasta County's performance has not met the National Standard since 2001
- Shasta County's performance was below California's from 2002 to 2010, but has since had 2 of the last five reporting periods above California's
- Shasta County's performance continues to have many fluctuations, but appears to be on a slight upward trend since the 2004/2005 time period

### C1.4 Reentry Following Reunification



#### C1.4 Reentry Following Reunification

- ▲ Shasta County's has been better than the National Standard since 2008.
- ▲ Shasta County's performance has been better than California's since 2008.

SIP 2013 – Plan for Focus Area #3 - SIP Component 3.0 – Reduce Time to Reunification.

Strategies 2013 (June 2013-June 2014):

- Father Finding and Engagement - Increase father finding and engagement efforts the through Supporting Father Involvement.
  - The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
    - ❖ Maintain a father engagement support group for fathers to attend to talk about their case plans. This is a confidential group that is not tied to the case plan. However, facilitators help the fathers share their frustrations, obtain guidance in navigating service requirements to increase the likelihood of effective engagement with our system.
    - ❖ Provide community/staff education/training regarding the importance of identifying and engaging fathers for the care of the child, with research related and outcome data.
- Triple-P® - Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.
  - Parent education providers will continue to implement Triple-P® training with parents and HHSA CS Family Workers will support the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.
- Linkages – Continue to work towards full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.
  - Continue co-location of the Linkages Coordinator at Children's Services to increase the number of Linkages eligible cases that engage in Linkages and participate in coordinated services.
  - Continue to expand Linkages training and broader HHSA engagement; refining objectives and recommendations for improvement in the service system structure.
- SafeCare® - Continue to work towards local expansion of the provision of SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving to reunifying families at time of reunification or imminent reunification (when children begin visits in the family home and/or trial home visit).
  - To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and certified Shasta SafeCare® Trainers will train and certify 6 to12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. 2-6 of the 6-12 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches.
- Decrease Number of Continued Hearings - Decrease the number of continued hearings.
  - Continued hearings can extend the length of time children spend in foster care and can delay permanency. Court Workgroup to continue to develop strategies and ensure staff training to improve current practices.
- Participatory Case Planning (including Family Team meetings, Safety Organized Practice (SOP) and SDM) – Consistently utilize Structured Decision Making (SDM) through life of case; utilize Safety Organized Practice (SOP) in the context of Family Team meetings to increase Participatory Case Planning.

- A family centered, family strengths-based approach that brings teams of people together and works to build a plan that is strengths-based and individualized.

#### Focus Area #4- SIP Component 4.0 – Increase Placement Stability.

Strategies & Progress 2011 2012 (November 2011-June 2013):

- Family Finding and Engagement - Increase Family Finding and Engagement
  - Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to the foster or relative/NREFM (Non-Relative Extended Family Member) care providers
    - ❖ The family search and engagement process begins at first contact with the family to identify if there are local relatives/fictive kin that could provide support to the family to eliminate the need for temporary custody. For every child brought into custody, CS assesses all known/identified relatives and non-relative extended family members (Rel/NREFM) to determine their suitability to serve as a placement for the child. If Rel/NREFM placement is not possible, the social worker (SW) continues family search and engagement to locate, contact, and support an ongoing relationship for the child. Family search and engagement continues throughout the duration of the case. The SW reassesses for relative placement at any point of the case when there is a need for a placement change.
    - ❖ In the event the needs of the child necessitate an emergency placement, CS has clarified and streamlined the process for social workers to evaluate potential Rel/NREFM placements by identifying and utilizing "5 C's" which include:
      - Criminal Record Statement completed (inside relative placement packet)
      - California Law Enforcement Telecommunication System (CLETS) criminal history check
      - Child Welfare Services/Case Management System (CWS/CMS) check
      - Child Abuse Central Index (CACI) check (call DOJ)
      - Home check (assessment)
    - ❖ Training has been provided to social workers regarding the laws and regulations that pertain to relative placement and to CS staff where a film was shown that featured youth that had aged out of foster care without family connections.
    - ❖ The family finding and engagement workgroup was meeting on a quarterly basis with SW Supervisor representation from Intake and Ongoing to monitor practices and determine needed improvements. SW Supervisor participation became intermittent about 6 months ago. The CS Program Analyst has continued to meet monthly with the Intake and Ongoing Program Managers to review and update the current process. Once the updated process is complete through Management approval, the Analyst and PMs are planning a SW and SW Supervisor training and to reinvigorate the workgroup.
- Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team) - Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)
  - Tools, strategies, and support services have been provided to secondary care providers to minimize placement disruption, multiple foster care placements, and

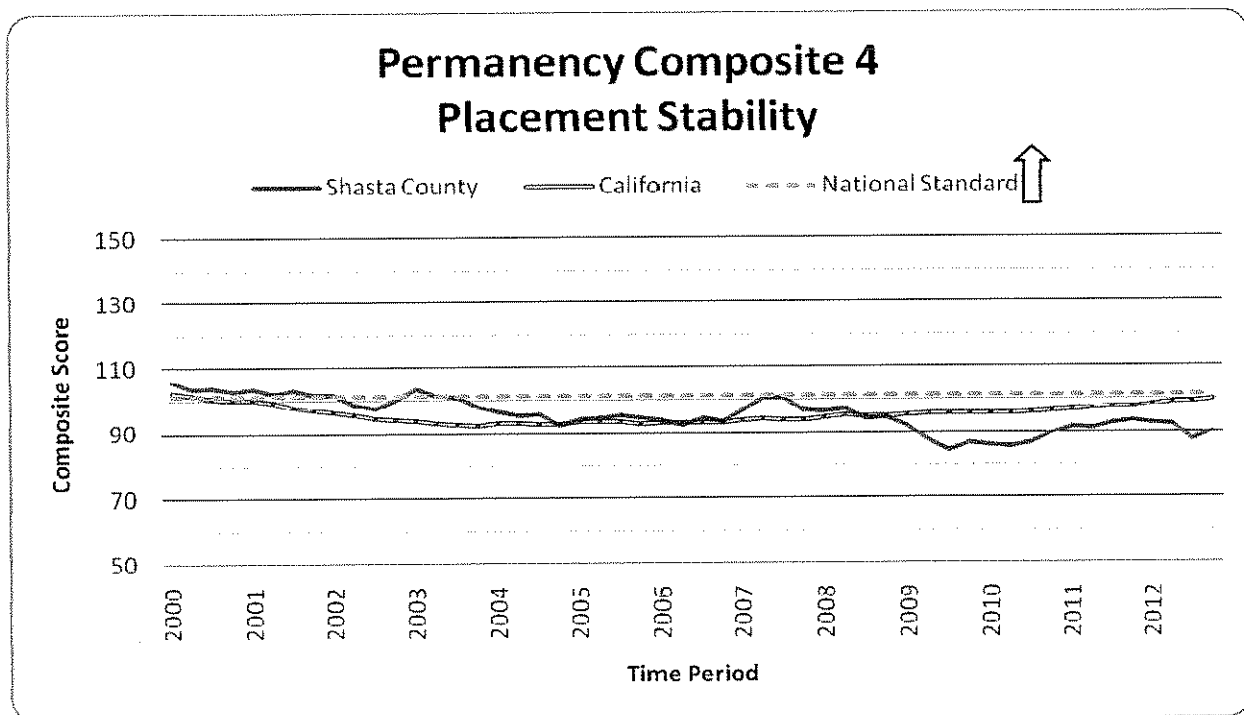


reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.

- ❖ Positive Parenting Program (Triple-P)® is a multi-level system of parenting and family support. Its goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment. Triple-P® is offered to foster parents and an introduction to Triple-P® has been incorporated into the Foster Pride training curriculum. All Foster Care Licensing staff, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents are Triple-P® trained and are available to train others. Relative/NREFM care providers are offered Triple-P® training through Foster and Kinship Care Education (FKCE).
- ❖ The Quality Parenting Initiative (QPI) began as a collaborative effort between CDSS, CWDA, and the Youth Law Center with support from the Stuart, Walter S. Johnson and David B. Gold foundations. The goal of the initiative is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide the nurturing, committed, skilled care that children need, while working effectively with the child welfare system to reach the child's long term goals. Shasta has embraced QPI and has developed the following brand statement:
  - Excellent Shasta County Foster Parents are valued, trusted, team member who make a commitment to children in our community by:
    - Normalizing childhood experiences
    - Identifying and advocating for children's needs and services
    - Practicing and modeling positive and strength based parenting
    - Compassionately partnering with parents
    - Participating in training and support services with flexibility, integrity and humor
  - Through QPI we have worked on making sure care providers are part of the team and when appropriate:
    - Invited to transition meetings when the child moves from one home to another
    - Invited to safety planning meetings
    - Invited to Family Team Meetings and High Risk Team meetings
- ❖ The High Risk Team (HRT) concept was initiated by foster and adoptive parents who recognized that a certain percentage of our children have special needs requiring more than the average level of care and services normally provided to children in our system. It was further recognized that a failure to respond to these children's needs in a timely and comprehensive manner had a destabilizing effect on the child and the placement as well as the post-adoptive home. A specialized case manager and a team of people invested in the child focus on identification and management of high-risk children. They work closely with care providers and social workers to access needed services. The HRT Advisory group meets quarterly and has representatives including an Adoptive Parent, a Foster Parent, MH Clinicians, Education, SW, and Lilliput Children's Services. We are working to add youth/CYC (California Youth Connection) representation.

## Analysis

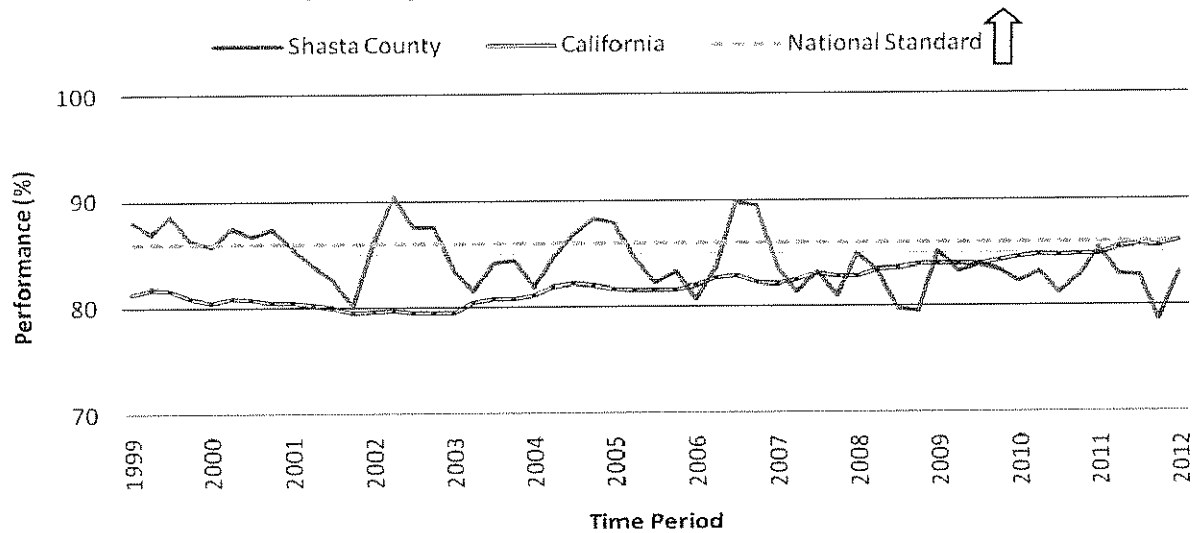
- **Outcome/Systemic Factor - C4 Permanency Composite 4 – Placement Stability**  
(National Standard/Goal  $\geq 101.5$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (86.3)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲89.4)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲93.0)
  - County's most recent performance as of Q4-2012: (▲90.2) (CA average 99.9)
  - County's Goal: 5% improvement of original data by June 2015 ( $\geq 90.6$ )
- **C.4.1 Placement Stability (8 Days - 12 months in care)** - (National Standard/Goal  $\geq 86.0$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (84.8)
  - County's performance at beginning of SIP year 2; Q4-2010: (▼82.2)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲84.9)
  - County's most recent performance as of Q4-2012: (▼83.2) (CA average 86.1)
- **C.4.2 Placement Stability (12 to 24 months in care)** - (National Standard/Goal  $\geq 65.4$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (52.9)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲62.0)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲60.5)
  - County's most recent performance as of Q4-2012: (▲58.5) (CA average 67.3)
- **C.4.3 Placement Stability ( $\geq 24$  Months in Care)** - (National Standard/Goal  $\geq 41.8$ )
  - County's performance at beginning of SIP year 1; Q4-2009: (20.4)
  - County's performance at beginning of SIP year 2; Q4-2010: (▲22.6)
  - County's performance at beginning of SIP year 3; Q4-2011: (▲28.3)
  - County's most recent performance as of Q4-2012: (▲26.7) (CA average 36.1)



### C4 Permanency Composite 4 – Placement Stability

- ▼ Shasta County's composite score is below the National Standard.
- ▼ Shasta County's composite score is below California's.

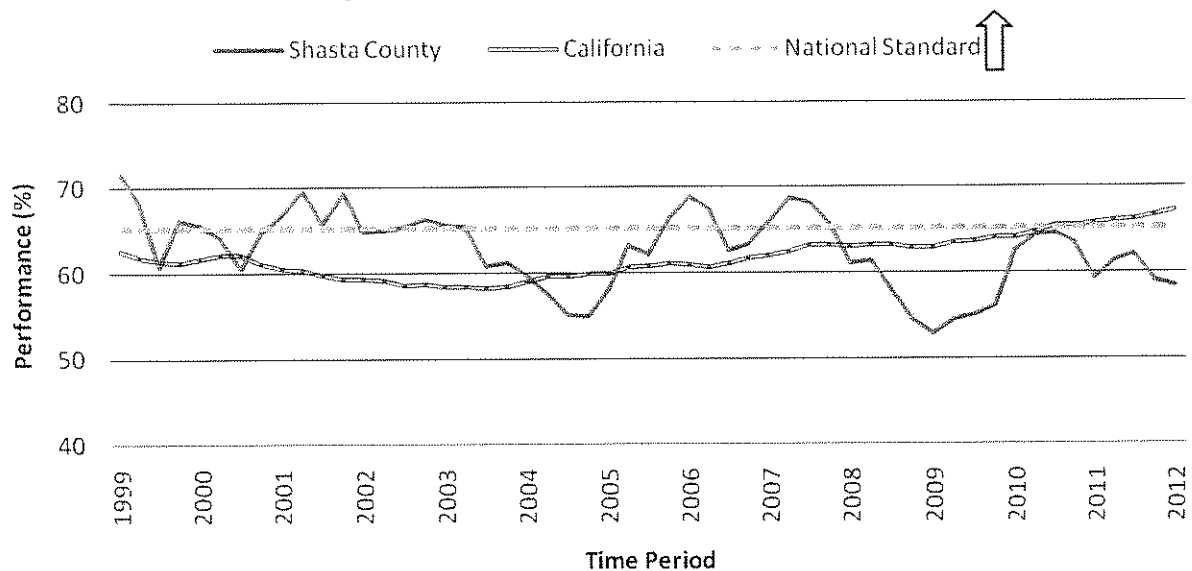
### C4.1 Placement Stability (8 Days to 12 Months in Care)



#### C4.1 Placement Stability (8 Days to 12 Months in Care)

- ▼ Shasta County's performance is below the National Standard.
- ▼ Shasta County's performance is below California's.

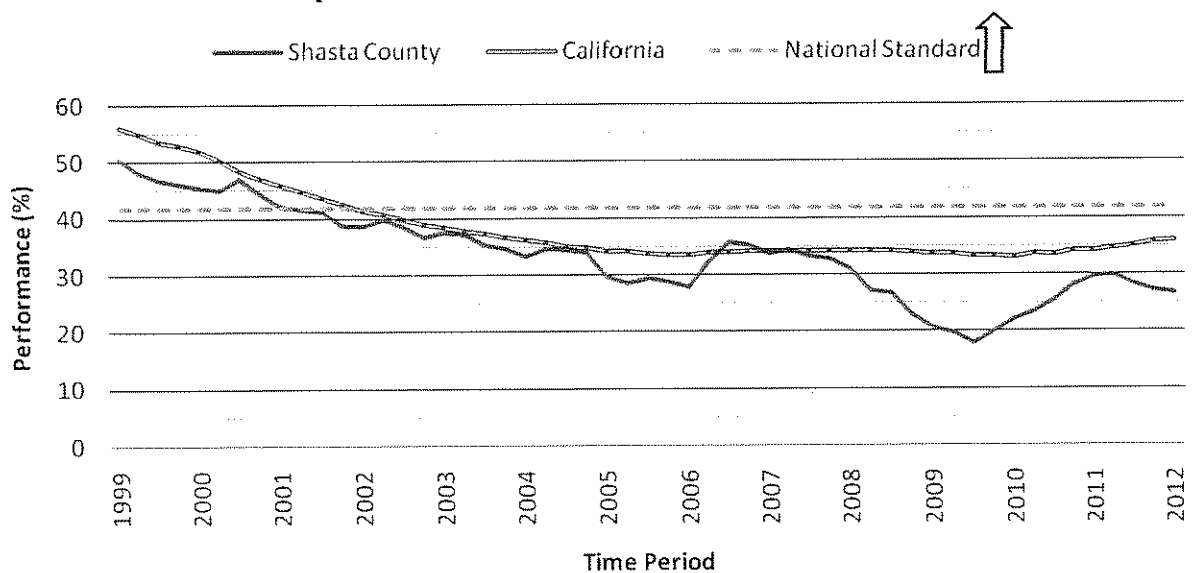
### C4.2 Placement Stability (12 to 24 Months in Care)



#### C4.2 Placement Stability (12 to 24 Months in Care)

- ▼ Shasta County's performance is below the National Standard.
- ▼ Shasta County's performance is below California's.

### C4.3 Placement Stability (At Least 24 Months in Care)



#### C4.3 Placement Stability (At Least 24 Months in Care)

- ▼ Shasta County's performance is below the National Standard.
- ▼ Shasta County's performance is below California's.

## SIP 2013 – Plan for Focus Area #4- SIP Component 4.0 – Increase Placement Stability

Strategies 2013 (June 2013-June 2014):

- Family Finding and Engagement - Increase Family Finding and Engagement
  - Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to relative/NREFM care providers
    - ❖ Continue to institutionalize family finding and engagement practices, including supports such as search engines designed to locate people. Update policy and procedure.
    - ❖ Review process for clearing relatives and non-relative extended family members. Review and update Emergency Rel/NREFM procedure and Non-Emergency Rel/NREFM procedure.
    - ❖ Continue to provide training on the benefits, values, and use of the family finding and engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.
    - ❖ Re-establish a family finding and engagement workgroup to meet on a quarterly basis to monitor the efficacy of practices and assess needed improvements.
- Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team) - Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)
  - Continue providing tools, strategies, and support services to secondary care providers to minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.
    - ❖ Continue to expand Positive Parenting Program (Triple-P®) training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.
    - ❖ Continue to include secondary care providers in Family Team Meetings and Placement Planning activities to ensure that all safety and protection concerns are included in the process.
    - ❖ Continue to provide High-Risk Team meetings/services to address children's needs with the foster parents/adoptive parents, the case carrying social workers and the biological parents when applicable, to create a team that will support the child and foster parent through the creation and implementation of an individualized, intensive service package that will support the child's needs while the child is in foster care.

Focus Area #5 - SIP Component 5.0 – **Build More Connections for Youth in Foster Care to family/non-related persons with whom child has connections.**

Strategies & Progress 2011 2012 (November 2011-June 2013):

- Family Finding and Engagement - Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.
  - Utilize family finding and engagement procedures/models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in family finding and engagement to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender whose victim is in the home).
    - ❖ Training has included presentations to new hires with the agency to provide information regarding Family Finding and Emergent Assessments, to SW regarding the laws and regulations that pertain to relative placement and to CS staff where a film was shown that featured youth that had aged out of foster care without family connections. A staff MSW, whose past MSW intern focus was Family Finding and Engagement provided training in small groups and with individuals regarding entry of the information in CWS/CMS and has assisted SW in searching for family members by using data bases and subscription/non-subscription location services
    - ❖ A formalized Policy and Procedures still needs to be developed and implemented to facilitate verification of the safety and appropriateness of life-long connections with relatives and non-related relative extended family members with youth. Currently, through Family Finding & Engagement relatives are located and people are identified who are willing to be involved. The case carrying SW then determines if the identified people are appropriate and what their level of contact with the youth should be.
    - ❖ Youth are invited to the HRT, FTM, and Safety Planning Meetings, as appropriate, depending the age of the youth and/or the topic discussion.
- Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy) - Expand Family Team Meetings to include connection resources in addition to placement decisions.
  - Augment the existing Family Team meetings to include a component of family community connections to identify ongoing support in a mentoring or service oriented role.
    - ❖ Training provided to social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth.
      - Juvenile Probation brought in a trainer from UC Davis to provide training to Probation and Children's Services staff. Training covered the TILP, many aspects of case planning and documentation into CWS/CMS.
      - Children's Services provides training to social workers (SW) on an ongoing basis to ensure they know the requirements of completing and updating TILP for all eligible youth.
      - CS Program Analyst generates quarterly reports from SafeMeasures to show TILPs completed, updated, or overdue. This information is provided to CS Program Manager, Supervisors, and SW.
    - ❖ To ensure accurate placement data entry to support the National Youth in Transition Database (NYTD):
      - Placement data input by the Placement Clerk and reviewed by the CS Program Analyst.

- Training provided to Juvenile Probation and Children's Services staff on the details of the NYTD and the requirements for entering data on completed ILP services.
- To ensure accuracy of data entry all data is entered into CWS/CMS by an Office Assistant (OA) specially trained to enter this data. Data entry is reviewed for accuracy by the OA Supervisor, Program Analyst, and Program Manager.

## Analysis

### Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction and above National Standard/Goal  
 Blue text with (▲) indicates performance moving in the desired direction but still below National Standard/Goal  
 Red text with (▼) indicates performance moving away from the desired direction

- **Outcome/Systemic Factor - 4B Least Restrictive Placement**  
**(Entries First Placement: Relative)**

- County's performance at beginning of SIP year 1; Q4-2009: (4.6)
- County's performance at beginning of SIP year 2; Q4-2010: (▼1.9)
- County's performance at beginning of SIP year 3; Q4-2011: (▲12.3)
- County's most recent performance as of Q3-2012: (▲8.4) (CA average 26.3)
- County's Goal: 5% improvement of original data by June 2015 (>=4.8)

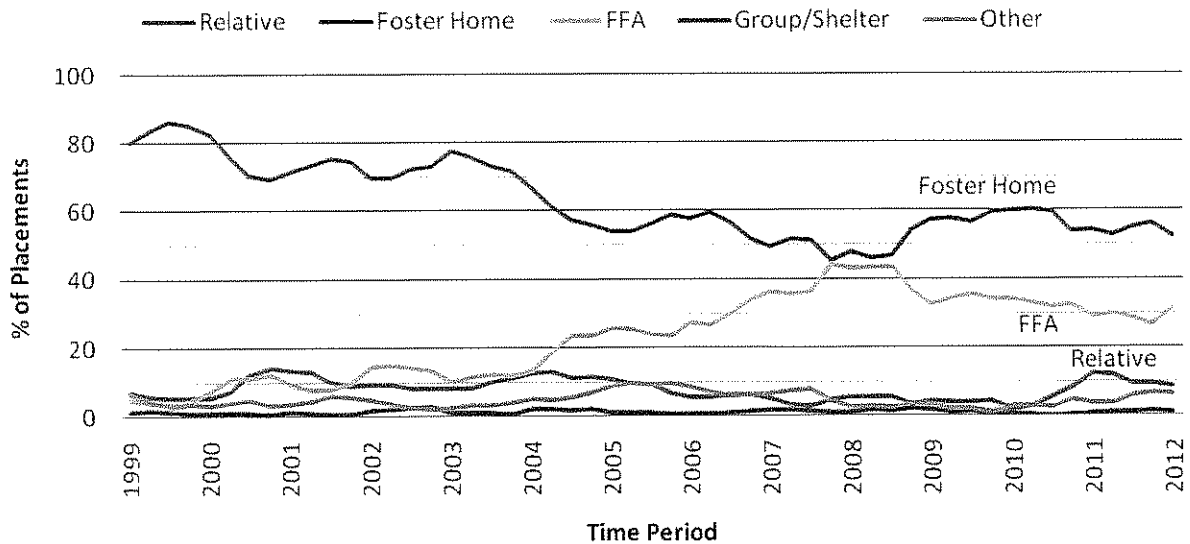
- **4B Least Restrictive Placement (Point in Time: Relative)**

- County's performance at beginning of SIP year 1; Q4-2009: (22.5)
- County's performance at beginning of SIP year 2; Q4-2010: (▲26.3)
- County's performance at beginning of SIP year 3; Q4-2011: (▲29.2)
- County's most recent performance as of Q3-2012: (▲35.4) (CA average 36.5)
- County's Goal: 5% improvement of original data by June 2015 (>=23.6)

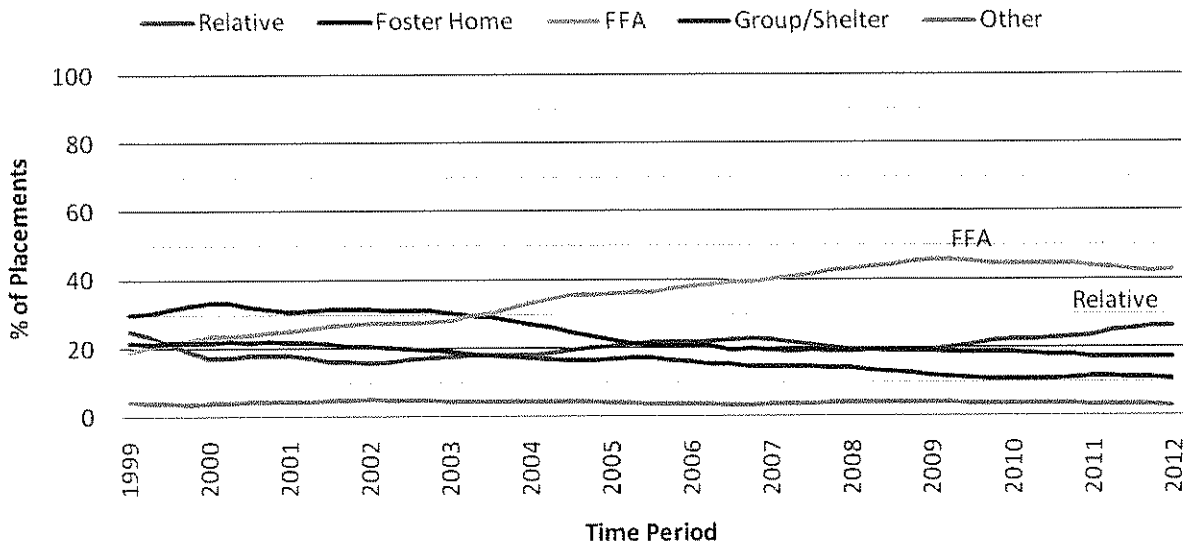
- **8A Permanency Connection with an Adult**

- County's performance at beginning of SIP year 1; Q4-2009: (100.0)
- County's performance at beginning of SIP year 2; Q4-2010: (100.0)
- County's performance at beginning of SIP year 3; Q4-2011: (100.0)
- County's Goal: Expand services and monitor caseload to **include more eligible youth** in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.

### 4B Foster Care Least Restrictive Settings First Placement - Shasta County



### 4B Foster Care Least Restrictive Settings First Placement - California

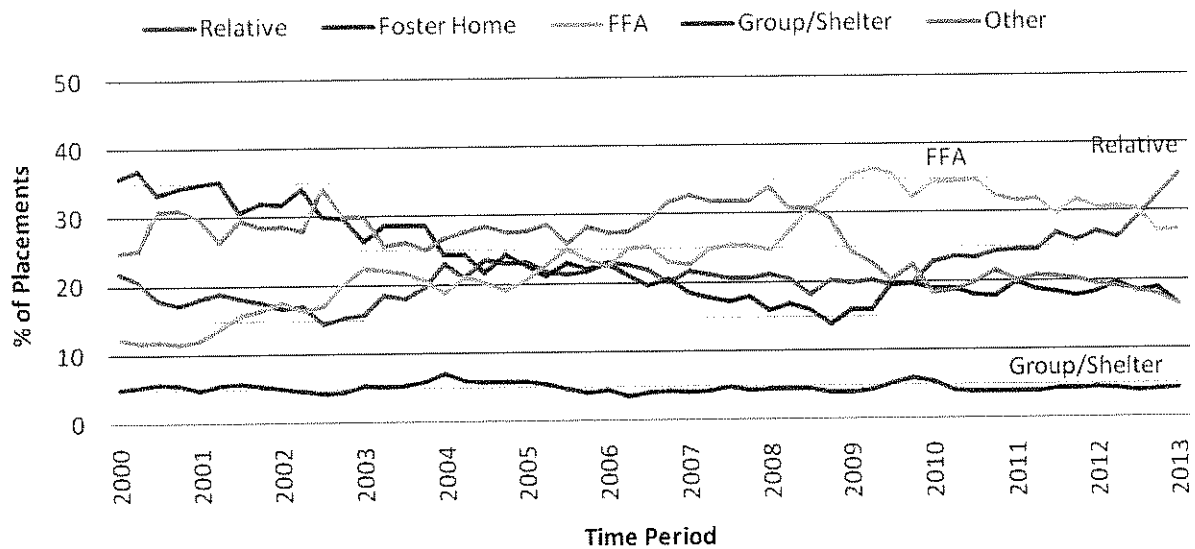


#### 4B Foster Care Least Restrictive Settings (First Placement)

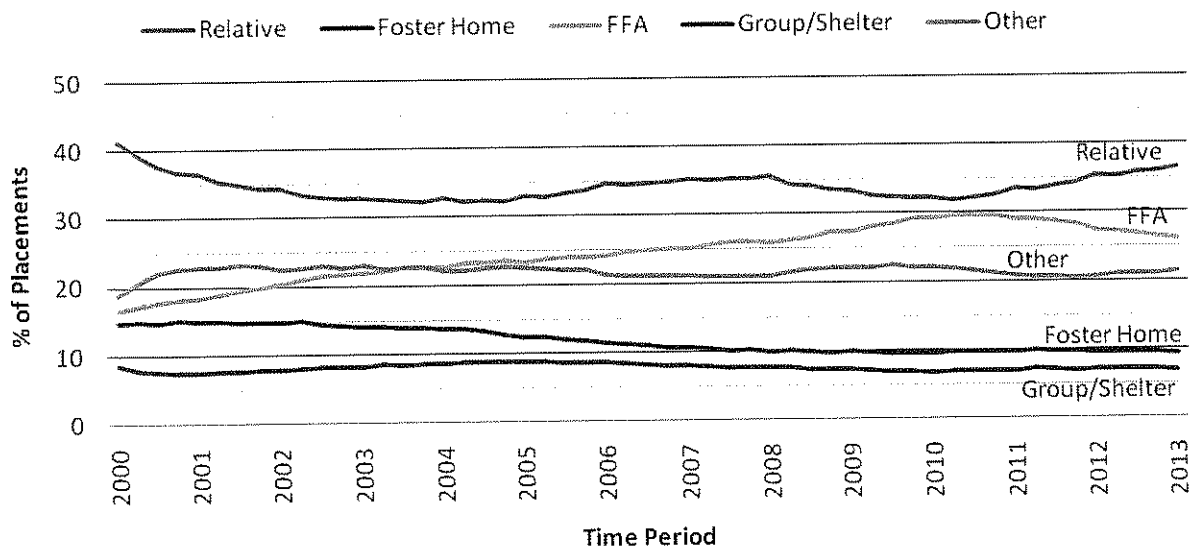
- There is no standard/goal for this measure
- ▼ Shasta County has a lower percent of children placed with relatives at first placement than California
- ▲ Shasta County has a increased the percent of children placed with relatives as a first placement.



### 4B Foster Care Least Restrictive Settings Point-In-Time - Shasta County



### 4B Foster Care Least Restrictive Settings Point-In-Time - California



#### 4B Foster Care Least Restrictive Settings (Point-in-Time Placement)

- There is no standard/goal for this measure
- ▼ Shasta County has a lower percent of children placed with relatives than California
- ▲ Shasta County has increased the percentage of children placed with relatives.

SIP 2013 – Plan for Focus Area #5 - SIP Component 5.0 – **Build More Connections for Youth in Foster Care to family/non-related persons with whom child has connections.**

Strategies 2013 (June 2013-June 2014):

- Family Finding and Engagement - Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.
  - Utilize family finding and engagement procedures/models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in family finding and engagement to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender whose victim is in the home).
    - ❖ Train social workers and juvenile probation officers in the availability of family finding and engagement resources. Social Worker Supervisors use supervision time with social workers to review/encourage use and documentation of family finding and engagement resources.
    - ❖ Develop process for the clearing of relatives/NREFM for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth.
    - ❖ Increase youth participation in support services such as High Risk Team meetings, Family Team meetings, Connections meetings, and Safety Planning meetings.
- Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy) - Expand Family Team Meetings to include connection resources in addition to placement decisions.
  - Augment the existing Family Team meetings to include a component of family community connections to identify ongoing support in a mentoring or service oriented role.
    - ❖ Continue to train social worker and Juvenile Probation staff on completing and updating Transitional Independent Living Plan (TILP) with the youth.
    - ❖ Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Provide training updates to social workers and Juvenile Probation Officers to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.

The **Probation Department's** PQCR Focus Area and lessons learned during the CSA also pointed well to their area of concern and remedial approaches: transitional planning as a focus area. A large percentage of probation placement minors age out of care while in placement. Many of these minors are unable to reunify with family members for various reasons and the need for independent living skills is imperative. This measure directly parallels the child welfare issue of facilitation/transitioning to independent functioning.

Assessment of Federal CWS Outcomes Relative to SIP Strategies

Federal CWS Safety Outcomes and Measures

- *Federal Outcome* - Children are first and foremost protected from abuse and neglect:
  - *Federal Measure - Indicator* – S1.1 No Recurrence of Maltreatment
    - National Standard or Goal  $\geq 94.6$
  - Shasta County Performance 2012
    - Q1 2012 = 90.4 – Q2 2012 = 91.1 – Q3 2012 = 92.7 – Q4 2012 = 91.0
  - Shasta SIP strategies implemented to prevent maltreatment and/or to reduce the recurrence of maltreatment included:

- Continued participation in the expanded prevention initiative called the Strengthening Families Community Collaborative that focused on increased community awareness of and engagement in preventing adverse childhood experiences and increasing protective factors among Shasta County families. Strengthening Families is a literature informed approach that focuses on building five protective factors that help parents to have the resources they need to parent safely and effectively even when under stress. The protective factors are:
  - Parental Resilience: The ability to cope with and bounce back from all types of challenges.
  - Social Connections: Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
  - Knowledge of Parenting and Child Development: Accurate information about raising young children, appropriate expectations for their behavior, and knowledge of alternative discipline techniques.
  - Concrete Supports in Times of Need: Financial security to cover day-to-day expenses and unexpected costs; formal supports like TANF, Medicaid, and job training; and informal support from social networks.
  - Children's Social and Emotional competence: A child's ability to interact positively with others and communicate his or her emotions effectively.

Over the past year Shasta County has utilized the Strengthening Families framework of building protective factors in program development and delivery. Collaborative subcommittee structure and work have been organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.
- Continued implementation of the evidence-based SafeCare® parent-training curriculum for parents who have been reported for child maltreatment due to neglect. SafeCare® trained staff work with families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
- Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. Increased opportunities were provided for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors:
  - Parent Leaders were panel participants at the twice monthly Court Orientation for families new to child welfare services
  - Parents participated in the development of the Shared Leadership in Action Plan.
- *Federal Outcome* - Children safely maintained in their homes whenever possible and appropriate:
  - *Federal Measure* - No data indicators
  - Shasta SIP strategies implemented to maintain children in their homes whenever possible and appropriate and/or to reduce the rate of foster care placement included:
    - Continued development of current practice including early and on-going Family Finding methods with improvements in strategies for approval of relative and non-related caregivers who have been a part of the child's life as alternatives to placement with foster homes that are unknown to the child.
    - Continued shared team decision-making through Family Team Meetings that involve at-risk families. A team decision-making approach is used with families and their

support systems as partners to define family strengths, needs and goals. This service assists families to identify helpful local services and resources.

- Continued implementation of the SafeCare® parent-training curriculum for at-risk parents. SafeCare® trained staff work with at-risk families in their home environments to improve parents' skills. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
- Implementation of Safety-organized practice (SOP) a holistic approach to collaborative teamwork in child welfare to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.

#### Federal CWS Permanency Outcomes and Measures

- *Federal Outcome* - Children have permanency and stability in their living situations:
  - *Federal Measure - Composite* – C1 Reunification
    - National Standard or Goal  $\geq 122.6$
  - Shasta County Performance 2012
    - Q1 2012 = 135.6 – Q2 2012 = 135.1 – Q3 2012 = 143.9 – Q4 2012 = 144.9
  - Shasta SIP strategies implemented to increase the number of timely reunifications and decrease the median time to reunification while maintain our low rate of reentry included:
    - Began implementation of Participatory Case Planning through Safety Organized Practice, Structured Decision Making, and Family Team Meetings to increase family participation in case planning. Safety-organized practice builds and strengthens partnerships within a family, their informal support network of friends and family, and the agency. Structured Decision Making identifies and considers child and family needs and strengths in developing and monitoring progress toward a case plan. The team decision making approach of Family Team Meetings defines family strengths, needs and goals with families and their support system and identifies helpful local services and resources.
    - Began the implementation of Father Finding and Engagement Supporting Father Involvement (SFI). SFI a family focused intervention aimed at effectively engaging fathers as a key participant in family support and strengthening is also a method of fostering organizational development and growth for agencies and professionals.
    - To decrease the number of Continued Hearings an internal work group conducted ongoing review of practice and development of recommendations for improving timeliness of court reports and creating greater efficiencies in work processes.
    - Continued implementation of Positive Parenting Program (Triple-P®) a multi-level system of parenting and family support. Triple-P® promotes the independence and health of families through enhancement of parents' knowledge, skills, and confidence; promotes the development of safe, protective, and nurturing environments for children; promotes the development, growth, and social competence of young children; works to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; and enhances the competence, resourcefulness, and self-sufficiency of parents in raising their children.
    - Continued implementation of Linkages. Linkages collaboration coordinates and integrates the activities of Children's Services and CalWORKs for individual families served in both programs into one integrated case plan. Families benefit by reduced barriers to accomplishing case plan goals by the two service systems and are able to leverage services from both systems to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages system barriers have been reduced and capacity development has occurred.

- *Federal Measure - Composite – C4 Placement Stability*
  - National Standard or Goal  $\geq 101.5$
- Shasta County Performance 2012
  - Q1 2012 = 92.6 – Q2 2012 = 92.2 – Q3 2012 = 87.4 – Q4 2012 = 90.2
- Shasta SIP strategies implemented to keep placement moves to 2 or less included:
  - Family Finding and Engagement includes methods and strategies to locate and engage relatives of at-risk children and those currently living in out-of-home care. Continued development of practice including early and on-going family finding with improvements in strategies for approval of relative and non-related caregivers for placements.
  - Support Services were provided to Secondary Care Providers to enhance stable placements, (including Triple-P®, Participatory Case Planning, and High Risk Team).
    - Triple-P® is offered to foster parents and Relative/NREFM care providers and an introduction to Triple-P® has been incorporated into the Foster Pride training curriculum. Foster Care Licensing workers, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents were Triple-P® trained.
    - High Risk Teams (HRT) provided support to foster and adoptive parents of children with special needs requiring more than the average level of care and services. A failure to respond to these children's needs in a timely and comprehensive manner had a destabilizing effect on the child and the placement as well as post-adoptive homes. HRTs also occurs when placement for the child begins to disrupt and a request has been made for the child to be moved or when the social worker determines that safety or other issues exist in the current placement, requiring the child to be moved to an alternative out of home placement. HRTs focus on early identification of high-risk children.
- *Federal Outcome - The continuity of family relationships and connections is preserved for children.*
  - *Federal Measure - No data indicators*
  - Shasta SIP strategies implemented to keep build more connections for Foster Youth in care included:
    - Development of Family Finding and Engagement methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides. Engaging families and youth in case planning decisions.

#### Explanation for changes in SIP Strategies

All of the prior year SIP strategies have been carried forward without significant changes. Minor changes have been made such as:

- Strategy 1.2 SafeCare®
  - The past year was the year of the Cascade. Through the Cascade, certified Shasta SafeCare® Coaches/Trainers for the first time trained and certified new Shasta SafeCare® Home Visitors countywide. Milestone 1.2.1 described a SafeCare® Cascade Orientation (Kick-Off Meeting and CWS Staff Training); Milestone 1.2.2 identified that new SafeCare® Home Visitors would be trained and certified; and Milestone 1.2.3 identified that a subset of the newly trained SafeCare® Home Visitors would be trained and certified as new SafeCare® Coaches.
  - In the coming year the three Milestones have been condensed into one. To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and

certified Shasta SafeCare® Trainers will train and certify new SafeCare® Home Visitors countywide and a subset those will be trained and certified as SafeCare® Coaches.

- Strategy 2.4 SDM and SOS has been changed to Strategy 2.4 SOP (SDM and SOS)
  - The past year was originally designed to focus on the implementation of Structured Decision Making (SDM) including the implementation of Signs of Safety (SOS).
  - We learned in the past year and now have expanded our strategy in the coming year to focus on the implementation of Safety Organized Practice (SOP). SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative team-work in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. SDM and SOP are tools within a SOP framework.
- Strategy 3.1 Father Finding and Engagement
  - The past year focus of Milestone 3.1.1 was on the development and implementation of a father engagement support group.
  - In the coming year Milestone 3.1.1 has been changed to focus on maintaining the implementation of the father engagement support group.
- Strategy 3.3 Linkages
  - The past year focus of Milestone 3.3.1 was piloting the co-location of the Linkages Coordinator at Children's Services.
  - In the coming year Milestone 3.1.1 has been changed to continuing the co-location of the Linkages Coordinator at Children's Services.

To complement the above, the table below adds the SIP year four Strategies:

**System Improvement Plan – 2013 (June 2013 – June 2014)**

Goals	Strategies	Outcome Measures
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ Community Collaborative</li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Safety Organized Practice (SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ Father Finding and Engagement</li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1</li> <li>Timeliness and Permanency of Reunification</li> <li>C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>C1.2 Median Time to Reunification (Exit Cohort)</li> <li>C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4</li> <li>Placement Stability</li> <li>C4.1 Placement Stability (8 days-12 month in care)</li> <li>C4.2 Placement Stability (12 - 24 months in care)</li> <li>C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

## **Probation Strategies**

The strategy to address successful transition from foster care to independent living is ongoing. Shasta County Probation began using the Positive Achievement Change Tool (PACT) in November 2008 to better assess a minor's risks and needs at the intake level. The case plans developed are specific to each minor's assessment outcomes. If a minor must enter the foster care system we are better able to locate programs or services that can have a direct impact on the minor's future goals.

There are other services and programs within the Probation Department to attempt to address the minors' and families' needs before an out of home placement recommendation is made to the court. If those interventions are unsuccessful and the minor enters the system and is of age to be enrolled in Independent Living Program (ILP) services, the Transitional Independent Living Plan (TILP) process is completed.

One area that Probation must continue to focus on is the minor's participation in the development in his or her own transitional plan. During the PQCR focus groups the feedback indicated that the minors did not always feel in control of their plan even though they did sign off on them. Shasta County Probation staff are now training in motivational interviewing to strengthen their skills in engaging the minors to participate.

Another area of focus will be family finding for the minors; the goal is for the minor to have a supportive and invested adult in their life, even if they will not be living with the adult. The overall goal is to ensure minors emancipating or aging out of foster care are prepared to transition to adulthood. Our minors will be better prepared for adulthood through increased Independent Living Program services and further involvement of the minor in his/her own case plan development. Their participation in comprehensive case planning will lead to an increased sense of efficacy, self-sufficiency and empowerment.

Also, Shasta County Probation began CWS/CMS training in September 2010 in order to participate and benefit from the National Youth Data Base (NYTD) information and statistics for minors 17 years or older who will age out of the juvenile system. Independent Living Program delivered services will be tracked for these minors, which will establish a baseline population that Probation can resurvey at age 19 and age 21 and then reflect on the strengths and weaknesses of our transitional planning for minors.

During this last year the Shasta County Probation Department's placement caseload has increased significantly. This trend can be attributed to a few areas. Of the 23 minors that have been ordered into placement this last year, nine of them came from CFS as dependents and went through a 241.1 court process and then were adjudged Wards and ordered into placement by the court. Eight other minors were initially being supervised and served through the WINGS team (Wraparound Interagency Network for Growth and Stability). WINGS is a collaborative effort working with minors who have a mental health diagnosis. This group of minors exhausted the efforts of the extensive supervision and intervention of the WINGS team and a recommendation for out of home placement was submitted to the court. The WINGS team continues to supervise and remain in contact with the minors that have gone to placement. The WINGS team is able to make the monthly visits to the placement and work with the minor and his/her family in hopes of reuniting the family within 6 months. A few of the minors and their parents participated in the WrapAround program but were unable to change the way they interacted with each other, and the WRAP team made the recommendation for out of home placement. Shasta County Probation signed contracts with two regional camp programs, but due to the cost of commitments the department has been unable to have many minors committed to a camp program. As a result, the minors have been sent to placements to work on their issues. Another interesting trend has been that overall the caseloads for probation officers

have been significantly reduced due to the implementation of the Positive Achievement Change Tool (PACT) assessments in 2008. Juvenile Probation Officers are working more intensely with the minors and their families and are uncovering many deeper issues within the families that have resulted in the out of home placement orders for the protection of the minor or a family member.

#### **Regarding the 3-year Plan (CAPIT/CBCAP/PSSF/CCTF)<sup>4</sup>**

The following is a brief overview of resources including CAPIT (Child Abuse Prevention, Intervention and Treatment), CBCAP (Community Based Child Abuse Prevention) and PSSF (Promoting Safe and Stable Families) funds.

- The Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) has been affirmed and identified by the Shasta County Board of Supervisors (W&I §18980). The SCCAPCC collaborative body is multidisciplinary with respect to membership (W&I §18982). The SCCAPCC coordinates efforts in the community to prevent child abuse and neglect. The SCCAPCC is funded from the County Children's Trust Fund (CCTF) and other prevention and community-based funding resources such as CBCAP and CAPIT, as approved by the Board of Supervisors. The SCCAPCC is incorporated as a nonprofit agency (501(c)(3)). The SCCAPCC has implemented a protocol for interagency coordination and is required to report annually to the Board of Supervisors (W&I §18983). Additionally the Board of Supervisors has established the SCCAPCC as the commission to administer the Shasta County Children's Trust Fund (W&I §18965).
- For FY12/13 – **Child Abuse Prevention Intervention and Treatment (CAPIT)** funds are expended as a:
  - Contract – Differential Response Community Parent Partner Program including evidence-informed Parenting and/or Home Visiting Services (Shasta County Child Abuse Prevention Coordinating Council)
- For FY12/13 – **Community Based Child Abuse Prevention (CBCAP)** funds are expended as:
  - Contract - Community-Based Child Abuse Prevention and Parent Leadership Program (Shasta County Child Abuse Prevention Coordinating Council)
- For FY12/13 – **Promoting Safe and Stable Families (PSSF)** funds are expended as:
  - Contract – Family Support Differential Response Community Parent Partner Program (Shasta County Child Abuse Prevention Coordinating Council)
  - Contract – Family Preservation and Time Limited Family Reunification Domestic Violence Services (Shasta Women's Refuge)
  - Family Preservation/Reunification Assistance Fund – Purchases services or goods to support family unity or reunification.
  - Family Preservation SafeCare® Home Visitation (Shasta County Health and Human Services Agency)
  - Time Limited Family Reunification Supporting Father Involvement (Shasta County Health and Human Services Agency)
  - Adoption Promotion and Support services (Shasta County Health and Human Services Agency)

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<sup>4</sup> Office of Child Abuse Prevention required component. CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families; CCTF=County Children's Trust Fund.



The "System Improvement Plan Update – 2013" will guide service delivery, including contracted services, to work toward increased and measurable improvements in the safety, permanency and well-being of children in Shasta County. It is a process of *continuous quality improvement* and will be reviewed often – and adjusted as necessary – to further our commitment on improving the lives of the community's children and families. Children's Services is a part of Children's Services, a branch of the Health and Human Services Agency (HHSA) that combined Social Services, Mental Health and Public Health. Collaboration with other HHSA branches is encouraged through shared support services and strategic planning among branches. The HHSA also supports and encourages collaboration with community partners.

Activities reflected in the CWS/Probation Matrices and the 3-Year Plan do not include all strategies that have been implemented or planned as a result of the information gained in the PQCR and County Self-Assessment. The combined SIP and CAPIT/CBCAP/PSSF/CCTF plan does, however, reflect major practice shifts and priority strategies that are inter-related and appear most critical to the focus areas identified through the self assessment. As these priority areas are addressed and/or additional resources become available, additional strategies may be implemented.

It is anticipated that planning around future strategies will occur in the areas of visitation practice and development of additional supports for transition age youth. Foster parent recruitment and retention strategies are also being reviewed in the context of the Quality Parenting Initiative. Areas of interest include ways to partner with specific cultural communities or geographic neighborhoods for recruitment activities.

## CWS/PROBATION SIP MATRIX NARRATIVE

The basis for choosing the above outcome measures, service strategies, and evidence-based (where available) responses were from the results of the 2010 and 2011/2012 System Improvement Plans, the 2009 Peer Quality Case Review, the 2010 County Self-Assessment, the Continuous Quality Improvement Committee, and community convenings where input was sought as to child welfare issues.

The Probation Department works very closely with Children's Services. Probation Officers are physically co-located with our social workers, and the two agencies have existing Memoranda of Understanding covering various areas of practice and procedures. For the Probation Department, the number of youth who are in the child-welfare system (foster youth, youth who will not be returning home, or will be emancipating upon release from juvenile hall) is numerically small. However, the strategies and responses listed above can be applicable to probation youth, particularly those dealing with "Building more connections for youth in foster care to family/non-related persons with whom child has connections" (Focus Area #5).

The below matrices include the milestones, timeframes and proposed improvement goals for Shasta County to achieve. Through June 2015, we will continue to analyze the findings from the SIPs, CSA, PQCR and the quarterly data reports, as well as new information obtained from the various evidence-based responses, to evolve and adapt the programs as needed to improve the outcomes of safety, permanency, and well-being.

**System Improvement Plan – 2011 2012 (November 2011 – June 2013)**

<b>Goals</b>	<b>Strategies</b>	<b>Outcome Measures</b>
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ <b>Community Collaborative</b></li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Structured Decision Making (SDM) and Signs of Safety (SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ <b>Father Finding and Engagement</b></li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification</li> <li>C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>C1.2 Median Time to Reunification (Exit Cohort)</li> <li>C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4 Placement Stability</li> <li>C4.1 Placement Stability (8 days-12 month in care)</li> <li>C4.2 Placement Stability (12 - 24 months in care)</li> <li>C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

**System Improvement Plan – 2013 (June 2013 – June 2014)**

<b>Goals</b>	<b>Strategies</b>	<b>Outcome Measures</b>
Prevention of Child Maltreatment	<ul style="list-style-type: none"> <li>▪ Community Collaborative</li> <li>▪ SafeCare® Differential Response</li> <li>▪ CBCAP Parent Leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Referral Rates</li> <li>▪ Participation Rates: Substantiation Rates</li> <li>▪ S1.1 No Recurrence of Maltreatment</li> </ul>
Reduce Rate of Foster Care Placement	<ul style="list-style-type: none"> <li>▪ Family Finding</li> <li>▪ Family Team Meetings</li> <li>▪ SafeCare®</li> <li>▪ Safety Organized Practice (SDM and SOS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participation Rates: Entry Rates</li> <li>▪ Participation Rates: In-Care Rates</li> <li>▪ C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Reduce Time to Reunification	<ul style="list-style-type: none"> <li>▪ Father Finding and Engagement</li> <li>▪ Triple-P®</li> <li>▪ Linkages</li> <li>▪ SafeCare®</li> <li>▪ Decrease # of Continued Hearings</li> <li>▪ Participatory Case Planning (including Family Team Meetings, Safety Organized Practice)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C1 Permanency Composite 1 Timeliness and Permanency of Reunification</li> <li>C1.1 Reunification Within 12 Months (Exit Cohort)</li> <li>C1.2 Median Time to Reunification (Exit Cohort)</li> <li>C1.3 Reunification Within 12 Months (Entry Cohort)</li> <li>C1.4 Reentry Following Reunification (Exit Cohort)</li> </ul>
Increase Placement Stability	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement</li> <li>▪ Support Services to Secondary Care Providers, (including Triple-P®, Participatory Case Planning, and High Risk Team)</li> </ul>	<ul style="list-style-type: none"> <li>▪ C.4 Permanency Composite 4 Placement Stability</li> <li>C4.1 Placement Stability (8 days-12 month in care)</li> <li>C4.2 Placement Stability (12 - 24 months in care)</li> <li>C4.3 Placement Stability (24+ months in care)</li> </ul>
Build More Connections for Foster Youth in Care	<ul style="list-style-type: none"> <li>▪ Family Finding and Engagement,</li> <li>▪ Participatory Case Planning (including Transitional Independent Living Plan (TILP) and National Youth in Transition Database (NYTD) accuracy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4B: Least Restrictive Placement (Entries First Placement: Relative)</li> <li>▪ 4B: Least Restrictive Placement (Point in Time: Relative)</li> <li>▪ 8A: Permanency Connection with an Adult</li> </ul>

## CWS/PROBATION SIP MATRICES

**System Improvement Plan – 2011 2012 (November 2011 – June 2013)**  
**SLIP Component – Prevention of Child Maltreatment**

<b>Outcome/Systemic Factor:</b> Participation Rates: Referral Rates Participation Rates: Substantiation Rates S1.1 No Recurrence of Maltreatment				
<b>County's Current Performance:</b> Participation Rates: Referral Rates – Original performance: 77.9. Most recent performance: 92.2 Participation Rates: Substantiation Rates – Original performance: 19.1. Most recent performance: 18.2 S1.1 No Recurrence of Maltreatment – Original performance 89.8. Most recent performance: 91.0. National Standard/Goal: >=94.6				
<b>Improvement Goal 1.0</b> Participation Rates: Referral Rates – Goal: 5% improvement of original performance by June 2015 (<=74.0) Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement of original performance by June 2015 (<=18.1) S1.1 No Recurrence of Maltreatment – Goal: 5% improvement of original performance by June 2015 (>=94.3)				
<b>Strategy 1.1 – Community Collaboration toward Prevention of Adverse Childhood Experiences</b> To prevent adverse childhood experiences, the Strengthening Families Community Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.			<b>Strategic Rationale</b> Community leaders from First 5 Shasta, Shasta County Child Abuse Prevention Coordinating Council, and the three Departments that were consolidated into the Shasta County HHSA (Public Health, Mental Health, and Social Services) established the Shasta County PREVENT Team to develop a comprehensive community-based strategic framework for the primary prevention of child maltreatment in Shasta County. Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative focused on prevention of adverse childhood experiences.	
		<b>CAPIT</b>		
		<b>CBCAP</b>		
	<b>X</b>	<b>PSSF</b>		
	<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>		
<b>Milestone</b> <b>1.1.1</b> HHSA Children's Services to be involved and visible through continued active participation in the community collaborative focused on prevention of adverse childhood experiences.	<b>Status</b>	HHSA Children's Services has continued to be involved and visible through active participation in the Strengthening Families Collaborative focused on the goal of prevention of Adverse Childhood Experiences (ACEs): <ul style="list-style-type: none"><li>• 29 Participants (agency representatives and concerned individuals)</li><li>• Strategic Directions:<ul style="list-style-type: none"><li>○ Increase protective factors among Shasta County families</li><li>○ Coordination of Service Systems and Policies</li><li>○ Educate and engage the community</li></ul></li><li>• 4 subcommittees:<ul style="list-style-type: none"><li>○ Perinatal Subcommittee</li><li>○ Early Nurturing Subcommittee</li><li>○ Parenting Subcommittee</li><li>○ Youth Subcommittee</li></ul></li></ul>		

<p><b>Milestone</b></p>	<p><b>1.1.2</b></p> <p>HHSA Children's Services staff educated and trained about the community collaborative strategies to reduce the rate of substantiated cases of child maltreatment.</p>	<p><b>Status</b></p>	<p>HHSA Children's Services staff were educated and trained about the community collaborative and Adverse Childhood Experiences (ACEs)</p> <ul style="list-style-type: none"> <li>• Adverse Childhood Experiences are strong predictors of later health risks and disease <ul style="list-style-type: none"> <li>○ Injuries, heart disease, cancer, suicide, smoking, drug use, numerous sexual partners, psychotropic medications</li> </ul> </li> <li>• ACEs include: <ul style="list-style-type: none"> <li>○ Abuse: Physical, sexual, emotional</li> <li>○ Family risks: Substance abuse, parental conflict, mental illness, domestic violence, incarcerated parent</li> <li>○ Neglect: Emotional, physical</li> </ul> </li> </ul>
<p><b>Milestone</b></p>	<p><b>1.1.3</b></p> <p>Provide support services for high risk pregnant women. Coordinate with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.</p>	<p><b>Status</b></p>	<ul style="list-style-type: none"> <li>• January 2012 through March 2013 approximately 25 pregnant women with identified high risk factors during pregnancy were provided an assessment and support services. Through the services and supports, approximately 52% of the high risk pregnant women successfully addressed or are addressing the concerning risk factors to the extent that CS intervention at delivery was reduced, not necessary, or projected to not be necessary. 17 of the 25 have delivered. Of the 16 live births, 9 (56%) have resulted in the need for open CS cases, however as a result of the assessment and support services, 2 of the 9 (22%) were diverted from removal of the child at delivery to remaining with the mother in an open Family Maintenance (FM) case. In one of these cases that were diverted, the Juvenile Judge commented that the assessment with CS SW was the reason FM was ordered as mother had previously had 7 children removed</li> <li>• Examples of service referrals made: <ul style="list-style-type: none"> <li>○ Alcohol and Other Drug (AOD) treatment, MH counseling, Parent Partners, Probation, SafeCare®, Housing, Head Start, etc.</li> </ul> </li> <li>• Examples of internal services provided: <ul style="list-style-type: none"> <li>○ Family Finding &amp; Engagement, Family Team Meetings, etc.</li> </ul> </li> </ul>

Strategy 1.2 – SafeCare®		Strategy Rationale	
Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.	X	CAPIT	DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative parent partner response for referrals that are evaluated out or are closed because, after investigating Children's Services (CS) believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing stress. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences. The strengthening of DR through the incorporation of the evidence-based practice SafeCare® will enable the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to address the neglect precursors to child abuse/neglect. Implementing SafeCare® will decrease risk factors for child maltreatment, the number of future referrals, and recurrence.
		CBCAP	
	X	PSSF	
	X	CWSOIP, CWS, and/or other sources	
Milestone	1.2.1	To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the subset of the SafeCare® Home Visitors (3 of 12) that were trained and certified as SafeCare® Coaches and SafeCare® Trainers in the first year of this SIP will lead the Cascade in the second year of this SIP. Through the Cascade these certified SafeCare® Coaches/Trainers will train and certify 12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment.	Status
		SafeCare® Cascade Orientation (Kick-Off Meeting and CWS Staff Training) to provide an overview of the Safe Kids California Project (SKCP) and SafeCare®. Brings together the members of the Executive Committee along with the SIP year one SafeCare® direct service staff, the new SIP year two SafeCare® direct service staff, and the SKCP SafeCare® team.	Milestone completed. <ul style="list-style-type: none"><li>SafeCare® Cascade Orientation (Kick-Off Meeting and CWS Staff Training) provided an overview of the Safe Kids California Project (SKCP) and SafeCare®. Members of the Executive Committee along with the SIP year one SafeCare® direct service staff, the new SIP year two SafeCare® direct service staff and the SKCP SafeCare® team were brought together.</li><li>To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the 3 SafeCare® Home Visitors that were trained and certified as SafeCare® Coaches and SafeCare® Trainers in SIP year one lead the Cascade in the second year.</li><li>As a result of the successful Cascade, the three internal trainers passed their certification to be able to continue to provide training for future SafeCare® Home Visitors and Coaches.</li></ul>

<b>Milestone</b>	<b>1.2.2</b> SafeCare® Cascade Training and coaching provided to 12 Home Visitors (HVs) will deliver service to the DR program, to open CWS cases, and minor parents with the Teenage Parent Program and Behavioral Health Team programs). Each HV will have a caseload of 10-12 families. HV services will be provided weekly for 18-20 sessions. A continual cycle of new families will be referred to SafeCare®. The 12 HVs new will be certified as SafeCare® Home Visitors.	<b>Status</b> <ul style="list-style-type: none"> <li>Through the Cascade the 3 SafeCare® Home Visitors that were trained and certified as SafeCare® Coaches and SafeCare® Trainers in SIP year one trained 12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. The 12 new Home Visitors trained were from Child Welfare (Children's Services), the Shasta County Child Abuse Prevention Coordinating Council, CalWORKs, the Alcohol and Drug Behavioral Health Team, and Northern Valley Catholic Social Services Teen Age Parenting Program (TAPP).</li> <li>Although 12 new Home Visitors were trained, 10 remain from the Cascade training.</li> <li>New referrals continue to be sent to the SafeCare® program. Home Visitors do not carry a caseload of 10-12 families. This is due to Home Visitors having mixed case assignments to accommodate business needs.</li> </ul>							
<b>Milestone</b>	<b>1.2.3</b> To ensure the sustainability of the SafeCare® Cascade Home Visitation Project in Shasta County a subset of the SafeCare® Cascade Home Visitors (6 of 12) will be certified as SafeCare® Coaches.	<b>Status</b> Three additional SafeCare® Coaches were trained instead of the original plan of six. This was done to better support the business needs and to have an efficient and effective coaching system.							
<b>Strategy 1.3 – CBCAP Parent Leadership</b> Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.		<table border="1"> <tr> <td data-bbox="889 1039 966 1102" rowspan="4"><b>X</b></td><td colspan="2" data-bbox="889 871 966 1039"><b>CAPIT</b></td></tr> <tr> <td data-bbox="966 871 1047 1039"><b>CBCAP</b></td><td data-bbox="889 598 966 871" rowspan="3"><b>Strategy Rationale</b> The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.</td></tr> <tr> <td data-bbox="1047 871 1128 1039"><b>PSSF</b></td></tr> <tr> <td data-bbox="1128 871 1250 1039"><b>CWSOIP, CWS, and/or other sources</b></td></tr> </table>	<b>X</b>	<b>CAPIT</b>		<b>CBCAP</b>	<b>Strategy Rationale</b> The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.	<b>PSSF</b>	<b>CWSOIP, CWS, and/or other sources</b>
<b>X</b>	<b>CAPIT</b>								
	<b>CBCAP</b>	<b>Strategy Rationale</b> The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.							
	<b>PSSF</b>								
	<b>CWSOIP, CWS, and/or other sources</b>								



<p><b>Milestone</b></p>	<p><b>1.3.1</b> Continue to identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, etc.) Maintain mechanism for compensation through stipends/gift cards.</p>	<p><b>Status</b></p>	<ul style="list-style-type: none"> <li>• Parent leadership education/development and parent mutual support direct services included the Parent Leadership Advisory Group (PLAG) and opportunities for increasing leadership skills, motivation to succeed, positive socialization, and development of supportive relationships to continue positive parenting. PLAG is a collaboration of Parent Volunteers/Leaders, Parent Partners, CS staff, and CBOs meeting monthly, working together to improve outcomes for families involved with child welfare services. Parent leader involvement and participation has included the planning, implementation, facilitation, and ongoing evaluation of the PLAG meetings to improve the delivery of services between CS and the families involved with the child welfare system. Additionally parent leaders/parent volunteers participated in trainings, activities, and events (e.g., Blue Ribbon Committee sub-committee project – Parent Leaders are panel participants at the twice monthly Court Orientation for families new to child welfare services, Local Parent Leadership Mini Conference – Shared Leadership in Action Plan, State Parent Leadership Conference – Parent Leadership Award received by a Shasta Parent Leader, CAPC board meetings – Parent Leader reported on PLAG activities, SIP Continuous Quality Improvement meeting, CS Family Team Meetings Advisory Group).</li> <li>• Actively worked with parent leaders to encourage and facilitate meaningful involvement and participation in Child Welfare program development. (Through PLAG we have established a process that ensures meaningful involvement by parents as consumers to gain knowledge and provide feedback on current and future child welfare issues. As part of our analysis to determine potential participation in the proposed extension of California's Capped Allocation Project (CAP), also known as the Title IV-E Waiver, Children's Services conducted a <u>Survey of Child Welfare Services and Supports</u> with the Parent Leaders and Parent Volunteer participants of the Parent Leadership Advisory Group.)</li> </ul>
<p><b>Milestone</b></p>	<p><b>1.3.2</b> Parent Leadership portion of the Community Based Child Abuse Prevention contract with SCCAPCC strengthened to include an updated logic model, updated an evaluation component, an evidence-based/informed structure, and a structured peer review component.</p>	<p><b>Status</b></p>	<ul style="list-style-type: none"> <li>• Utilized Parent Leader program logic model, continued work on program manual, implemented client satisfaction survey, implemented self assessment tool, and continued development of pre/post assessment tool. Monthly PLAG client satisfaction surveys showed that an average of 94% of PLAG participants were welcomed to the monthly meetings, 93% reported positive satisfaction with the monthly meetings, 96% reported positive feelings that PLAG is a safe place, and 70% reported voluntary PLAG attendance.</li> <li>• Research to identify comparable Parent Leadership Development programs to participate in the Peer Review process (made presentations to neighboring counties' CAPCs to discuss the Shasta County PLAG and if they have programs that would match appropriately; held discussions with Strategies, UC Davis Extension and Parents Anonymous attempting to identify Peer Review groups that would be a match; Shasta CAPC Program Coordinator and Shasta Parent Leader were panel participants at the California State Parent Leadership Conference Think Tank "Meaningful Engagement of Parent Leaders with Child Abuse Prevention Councils" that, in addition to the panel, included multiple planning meetings among other Parent Leadership staff and volunteers to share specific promising practices on how parent can be more effectively engaged; and PLAG members, Parent Leaders, CAPC, and Children's Services attended the CA State Parent Leadership Conference and participated in networking with other Parent Leadership groups.)</li> </ul>

## SIP Component – Reduce Rate of Foster Care Placement

### Outcome/Systemic Factor:

Participation Rates: Entry Rates

Participation Rates: Care Rates

C1.4 Reentry Following Reunification (Exit Cohort)

### County's Current Performance:

Participation Rates: Entry Rates – Original performance: 7.3. Most recent performance: 9.0

Participation Rates: in Care Rates – Original performance: 13.6. Most recent performance: 13.5

C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 4.3. National Standard/Goal: <=9.9

### Improvement Goal 2.0 - Reduce Rate of Foster Care Placement

Participation Rates: Entry Rates – Goal: 5% improvement of original performance by June 2015 (<=6.9)

Participation Rates: in Care Rates – Goal: 5% improvement of original performance by June 2015 (<=12.9)

C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement of original performance by June 2015 (<=11.2)

<b>Strategy 2. 1 – Family Finding</b> Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.			<b>CAPIT</b>	<b>Strategy Rationale</b> Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.
			<b>CBCAP</b>	
			<b>PSSF</b>	
		<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>	
<b>2.1.1</b>	<b>Finalize and implement Policy and Procedure for staff family finding and early engagement practices to support social workers efforts with family safety planning so that temporary custody is not necessary.</b>	<b>Status</b>		<b>A Family Search and Engagement process has been developed. The family search and engagement process for every case begins at the time of the first contact with the family. The intake social worker asks of every available parent, family member, child, and/or family friend if there are local relatives/fictive kin that could provide support to the family or to potentially take placement of the child if it becomes necessary to place the child into out-of-home placement.</b>
<b>Strategy 2. 2 – Family Team Meetings</b> Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.			<b>CAPIT</b>	<b>Strategy Rationale</b> Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.
			<b>CBCAP</b>	
			<b>PSSF</b>	
		<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>	

<p><b>Milestone</b></p>	<p><b>2.2.1</b> Within 2 weeks of Detention, an initial Family Team Meeting (FTM) will be offered to parents and their family support persons. Included in the initial FTM will be the Intake and Ongoing social workers. The Interim Case Plan attached to the Detention Report will include clients being offered an initial FTM for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources.</p>	<p><b>Status</b></p>	<ul style="list-style-type: none"> <li>• The purpose of the FTM is to create a family plan that is family centered and specific to the family in order to achieve safety, and permanency for the family and the child. The intention is to create services, one child at a time, meeting the unique needs of the family and the child. Due to availability of staff facilitators the 2 weeks of Detention time frame is not being met, current actual time frame approximates 1 month. This FTM focuses establishes a working relationship between the parents and social worker. Additionally the meeting focuses on creating a safety plan for the child and placement options. The Intake SWs are included in the FTM as available, Ongoing SWs always attend.</li> <li>• A discussion of FTMs has been added to the parent Court Orientation presentation. Parents are told that "FTMs are meetings to support parents through the process of reunification. The goal of FTMs is to gather a team together to develop a plan to support the safe return of the children. Every family will have an initial FTM to discuss the Case Plan, visitation, and placement. Meetings can also happen at different stages of the case. A meeting can be requested by anyone, including the parent. This is the place for you to identify what's working well &amp; what you are worried about." Parents are now calling requesting an FTM right after they have attended the Court Orientation. This is helping to speed up the process.</li> </ul>
<p><b>Milestone</b></p>	<p><b>2.2.2</b> Finalize and implement Family Team Meeting Policy and Procedure.</p>	<p><b>Status</b></p>	<p>The FTM process has been developed and documented by the FTM Advisory Group (which includes FTM Facilitators, Parent Leadership Advisory Group (PLAG) Parent, SW Supervisor, SWs, PH, D&amp;A, and MH). The FTM Advisory Group is scheduled to meet monthly to review and discuss what is working well, numbers, concerns, and program improvements such as how to get parent leaders coming to FTMs and how to put into practice in ongoing to have a follow up FTM at 3 months and 6 months.</p>

<b>Strategy 2.3 - SafeCare®</b> Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, daily home structure, and problem solving provided to voluntary and court order family maintenance cases.			<b>Strategy Rationale</b> Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.
		CBCAP	
	X	PSSF	
	X	CWSOIP, CWS, and/or other sources.	
<b>2.3.1</b> SafeCare® home visitation in-home parent training provided to appropriate voluntary and court ordered family maintenance families by HHSA SafeCare® Home Visitors.	<b>Status</b>	<ul style="list-style-type: none"><li>SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers through the Cascade trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Cascade Home Visitors were trained and certified as SafeCare® coaches.</li><li>SafeCare® has been provided to voluntary and court ordered Family Maintenance cases to increase families' skills in health, safety, child interaction and problem solving.</li></ul>	
<b>Milestone</b>			

<b>Strategy 2. 4 – SDM and SOS</b> Full implementation of Structured Decision Making (SDM) including the implementation of Signs of Safety (SOS).		<b>Strategy Rationale</b> Signs of Safety and Structured Decision Making implemented together with Solution Focused/Motivational/Appreciative Inquiry interviewing; Family Team Meetings; Safety Mapping/Planning; and inclusion of Children's Youth/Voice lead to positive outcomes. These outcomes include decreased entry/reentry into foster care; positive inter-agency collaboration/exchange of information; increased children/youth voice in safety/safety planning/placement decisions, and increase family engagement.	
<b>Milestone</b>	<b>Status</b>	<b>CAPIT</b>	<b>CBCAP</b>
		<b>PSSF</b>	<b>CWSOIP, CWS, and/or other sources.</b>
<b>2.4.1</b> Continue participation in University of CA Davis sponsored Signs of Safety/SDM training/mentoring and implementation activities.		X	
5 SW Supervisors participated in University of Davis sponsored Safety Organized Practice (SOP) Train the Trainer series. SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. The UC Davis SOP Train the Trainer series included 12 modules: <ul style="list-style-type: none"> <li>• Interviewing for Safety and Danger: What is a Balanced, Rigorous Assessment?</li> <li>• Three Questions</li> <li>• Interviewing Children</li> <li>• Solution-focused Inquiry</li> <li>• Safety Mapping Part One – Use in the Office</li> <li>• Harm and Danger Statements</li> <li>• Safety Mapping Part Two – With the Family</li> <li>• Network Development</li> <li>• Safety Planning</li> <li>• Landing Safety Organized Practice in Every Day Responsibilities</li> <li>• Organizational Environments: Reflection, Appreciation, and Ongoing Learning</li> <li>• Conclusion</li> </ul> Training of our staff by our staff Trainers had begun with approximately 1/2 of the staff through 7 of the 12 modules. The other 1/2 of staff attended trainings through UC Davis. The plan is for all staff to complete SOP training. Additionally staff and Supervisors have utilized monthly on-site visits from UC Davis SOP Coaches to help deepen our practice and learn where we can increase SOP strategies in how we interact with families. For Ongoing Supervisors the focus has been how to integrate SOP into supervision with staff to improve how can engage in more productive communication with families. For Intake the focus has been how to do more safety mapping and safety circles out in the field to engage the family in cooperative safety planning. SOP is being utilized to help us in our goals to decrease entries into care; increase timely reunification for those in care, while at the same time being mindful of recidivism and/or reentry.			

<b>Milestone</b>	<p><b>2.4.2</b> Social Workers will complete the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.</p>	<p>UC Davis provided SDM training to all Intake and Ongoing SW staff specific to the needs of the two areas. SDM tools trained on included:</p> <ul style="list-style-type: none"> <li>• Hotline tool – Screening tool. Accept referral for in-person response?</li> <li>• Hotline tool – Response priority. How quickly to respond?</li> <li>• Hotline tool – Path decision tool – evaluate out. Path of response.</li> <li>• Hotline tool – Path decision tool – in-person response. Path of response.</li> <li>• Safety assessment – Can the child remain safely at home?</li> <li>• Risk assessment – Should an ongoing case be opened? At what service level?</li> <li>• Family strengths and needs assessment – Focus of case plan.</li> <li>• Risk assessment – Can case be closed? If not, what level of service?</li> <li>• Reunification assessment – Can child be returned home, or should reunification efforts continue, or should permanency goal be changed?</li> </ul> <p>SWs are required to use the SDM tools. Supervisors are required to ask at critical points what did SDM reflect: MDT, Case Conferencing, Concurrent Case Planning MDT, etc. Completion of the family strengths and needs assessment is necessary for case planning.</p>	<p><b>Status</b></p>
<b>Milestone</b>	<p><b>2.4.3</b> Social Worker Supervisor use SafeMeasures tools and supervision time with social workers to review/ensure greater than 90% SDM usage.</p>	<p>SW Supervisors had SafeMeasures tools available to them to use in their supervision time with social workers to review and build SDM usage. Supervisors are required to approve all SDM tools have been completed correctly.</p>	<p><b>Status</b></p>

## SIP Component – Reduce Time to Reunification

### Outcome/Systemic Factor:

- C1 Reunification Composite
- C1.1 Reunification Within 12 Months (Exit Cohort)
- C1.2 Median Time to Reunification (Exit Cohort)
- C1.3 Reunification Within 12 Months (Entry Cohort)
- C1.4 Reentry Following Reunification (Exit Cohort)

### County's Current Performance:

- C.1 Reunification Composite – Original performance: 98.9. Most recent performance: 144.9. National Standard/Goal:  $\geq 122.6$
- C1.1 Reunification Within 12 Months (Exit Cohort) – Original performance: 52.4. Most recent performance: 78.3. National Standard/Goal:  $\geq 75.2$
- C1.2 Median Time to Reunification (Exit Cohort) – Original performance: 11.9. Most recent performance: 6.5. National Standard/Goal:  $\leq 5.4$
- C1.3 Reunification Within 12 Months (Entry Cohort) – Original performance: 39.9. Most recent performance: 40.4. National Standard/Goal:  $\geq 48.4$
- C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 4.3. National Standard/Goal:  $\leq 9.9$

### Improvement Goal 3.0 - Reduce Time to Reunification

- C.1 Reunification Composite – Goal: 5% improvement of original performance by June 2015 ( $\geq 103.8$ )

<b>Strategy 3.1 – Father Finding and Engagement</b> Increase father finding and engagement efforts the through Supporting Father Involvement program.		CAPIT	<b>Strategy Rationale</b> The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
		CBCAP	
		PSSF	
	X	CWSOIP, CWS, and/or other sources	
<b>3.1.1</b> Develop and implement a father engagement support group for fathers to attend to talk about their case plans. This would be a confidential group that is not tied to the case plan.	<b>Status</b>  Since October 2011, Children's Services has partnered with the Strategies organization, through an MOU process to implement their Supporting Father Involvement (SFI) Program. Part of this evidence based program involves two types of group interventions one for fathers and one for co-parenting/couples. We implemented our first father's groups on June 8, 2012 and our first co-parenting group on June 15, 2012. The father's group had 5 participants and the co-parenting group had 3 couples. Each group ran for a period of 16 weeks. A second round of the co-parenting group began on February 13, 2013 with 5 couples and the second round of the father's group began on March 8, 2013 with 4 dads.		
<b>Milestone</b>			

Milestone	<p>3.1.2</p> <p>Provide community/staff education/training regarding the importance of identifying and engaging fathers for the care of the child, with research related and outcome data.</p>	Status	<p>To date our education efforts have focused primarily on increasing staff awareness about the importance of father engagement throughout the life of a case plan. Activities to date have included:</p> <ul style="list-style-type: none"> <li>• October 2011: Conducted an Organizational Self Assessment to assess current level of "Father Friendliness"</li> <li>• January 2012: Strategies conducted the "Father Friendliness" training for all HHSA Children's Services staff.</li> <li>• February 2012: Selected SW and MH clinicians were trained to deliver the SFI Group and Co-parenting curricula.</li> <li>• August 2012: An internal team consisting of department managers and supervisors formed to develop and monitor a Children's Services SFI action plan.</li> <li>• January 2013: An internal committee formed to evaluate the physical environment of our waiting and visitation rooms to determine their current level of father friendliness.</li> <li>• The second Organizational Self Assessment is conducted.</li> <li>• February 2013: A survey is sent to all male staff working in Children's Services to get input on how to make our waiting rooms and visitation rooms more father friendly.</li> <li>• March 2013: SFI Program update given at the all staff meeting.</li> </ul> <p>For the most part our community based efforts have been put on hold until we have a solid foundation within our own system. However, in June 2012 our Clinical Division Chief at the time did a presentation to the Shasta County Dependency Court Officers about the SFI program and the importance of engaging dads.</p>
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Strategy 3. 2 – Triple-P®		CAPIT		Strategy Rationale
Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.				
			CBCAP	This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants. Parent education providers will be trained to implement Triple-P® training with parents and HHSA CS Family Workers will be trained to support the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.
		X	PSSF	
			CWSOIP, CWS, and/or other sources.	
Milestone	3.2.1	Continue to integrate Positive Parenting Program (Triple-P)® into provider services, where applicable.		Status
		<ul style="list-style-type: none"> <li>Triple P® continues to be integrated into the parenting and visitation center contract. The aims of Triple P® are: to promote the independence and health of families by enhancing Parents' knowledge, skills, and confidence; to promote the development of non-violent, protective and nurturing environments for children; to reduce the incidence of child abuse, mental illness, behavioral problems, delinquency and school failure; and to enhance the competence, resourcefulness and self-sufficiency of parents in raising their children. The provider determines each Parent's strengths and needs by consulting with the case-carrying County Social Worker and by using the assessment tools as prescribed in the Triple P® training to develop a clear strategy for improving the parent's knowledge, understanding and application of Parenting Skills.</li> </ul>		
Milestone	3.2.2	Implement a system in CWS/CMS to track the number of families receiving Positive Parenting Program (Triple-P)® services.		Status
		Triple P® providers participate in the countywide evaluation of Triple P® including administering assessment and outcome tools and entering data in the County's Scoring Application. The County's Scoring Application is a web-based electronic application which stores and manages Triple P® data as input by Triple P® trained practitioners. The Scoring Application is available to all Triple P® trained practitioners for the level(s) at which individual practitioners have been trained.		

Strategy 3.3 – Linkages		Strategy Rationale	
Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.		CAPIT	Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.
		CBCAP	
		PSSF	
		X CWSOIP, CWS, and/or other sources.	
Milestone	3.3.1 Pilot the co-location of the Linkages Coordinator at Children's Services to increase the number of Linkages eligible cases that engage in Linkages, sign a coordinated case plan, and participate in coordinated services.	Status	<p>We have co-located the CalWORKs Linkages Coordinator (LC) at Children Services (CS) since October 2011.</p> <p>The LC:</p> <ul style="list-style-type: none"> <li>• dedicates approximately 40% of time to Linkages</li> <li>• spends time at CS Monday to Thursday 8:00-11:30 AM</li> <li>• attends the daily morning staff meeting with intake social workers (SW)</li> <li>• works with SW to help identify potential Linkages cases and follow-up on existing Linkages attends various case staffings such as the voluntary case staffing and temporary case custody staffing</li> <li>• works with the SW, parents and eligibility staff to help follow-up with the various public benefit programs for the family</li> <li>• helps to schedule and attend meetings with the parents and SWs to discuss and sign coordinated case plans</li> <li>• arranges follow-up staffing meetings with the SW and parents</li> <li>• attends the monthly and quarterly Linkages meetings</li> </ul>
Milestone	3.3.2 Provide Linkages clients with coordinated services focused on barriers to employment and reunification including Behavioral Health services and other client-specific programs.	Status	<p>All Linkages eligible clients are referred to Behavioral Health Team (BHT). This allows the clients to see the BHT Social Worker up to once a week. The BHT SW tracks the client participation in other services while working on their barriers. The BHT SW encourages the client to follow through on their case plan services and provides a status update to the Children Services SW. The Social Worker and Linkages Coordinator will sometimes arrange for an updated coordinated case plan to help continue to provide appropriate services to reduce barriers to employment and reunification.</p>

Milestone	3.3.3 Continue to expand Linkages training and broader HHSA engagement; refining objectives and recommendations for improvement in the service system structure.	Status	The Linkages Project holds a monthly and quarterly meeting that involves representatives from CalWORKs, Children Services, Fiscal and Behavioral Health Team to discuss recommendations for improving the service system. The recommendations are forwarded to management for approval. The LC attends various meetings to talk about Linkages, including orientation training for new CS staff. The LC attends weekly Multi-Disciplinary Team case staffing to increase staff awareness of Linkages. Various communications go out to HHSA staff about Linkages, progress, and accomplishments.		
Milestone	3.3.4 Update written procedures and distribute monthly list identifying eligible FM/FR clients who may benefit from coordinated services.	Status	The Linkages Committee has completed a written process. At the monthly Linkages meeting, the processes are reviewed and updated when necessary. As part of the Social Workers safety planning for FR to FM non-Linkages clients, the SW considers the CalWORKs Employment Services Program and if necessary, works with the LC to help start the expedited cash aid process. This may lead to a Linkages Case Coordination Plan.		
Strategy 3. 4 - SafeCare® Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving provided to reunifying families when children begin trial home placement.			CAPIT	Strategy Rationale Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis when children return home to support family success.	
			CBCAP		
			X PSSF		
			X CWSOIP, CWS, and/or other sources.		
Milestone	3.4.1 SafeCare® home visitation in-home parent training provided to appropriate reunifying families by HHSA SafeCare® Home Visitors.	Status	<ul style="list-style-type: none"><li>SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the certified SafeCare® Coaches/Trainers through the Cascade trained and certified new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. Additionally, a subset of the SafeCare® Cascade Home Visitors were trained and certified as SafeCare® coaches.</li><li>To date the focus has been the provision of SafeCare® through Differential Response and to voluntary and court ordered family maintenance cases.</li><li></li></ul>		

Milestone	Strategy 3.5 – Decrease # of Continued Hearings				Strategy Rationale Continued hearings can extend the length of time children spend in foster care and can delay permanency.
	Decrease the number of continued hearings.				
	3.5.1				
	Court Workgroup to continue to develop strategies to improve current practices (e.g., timely filing of court reports; consistent/accurate data entry for results tracking and information gathering, and working with the court on setting procedures etc.)				
Status					Assessment by the Court Workgroup (SW Supervisors) identified issues with timely court reports due to SW illness and unfilled vacancies in addition to SWs potentially not realizing the importance of timelines and/or lacking clear timelines with strong consequences and expectations. Continual SW training is necessary due to staff turnover. Processes put in place and working in the near past were found to have lapsed due to SW Supervisor and SW staff turnover. A procedure has been completed and written to provide guidance on the timely submission of court reports to support Children's Services efforts to obtain appropriate permanency by avoiding unnecessary continuances of court hearings. Welfare and Institution Code Section 366 details specific time requirements for submitting court documents and for providing those documents to all parties involved with child welfare cases. Children's Services will comply with these time requirements when preparing and submitting all documents for child welfare cases. To ensure timeliness, Children's Services will complete and submit court documents in accordance with specified timelines. Improvement has been noted in the consistent/accurate data entry for results tracking and information gathering. The assigned Court Officers record and provide the information to assigned Legal Clerks for data entry into CWS/CMS.

Strategy 3. 6 – Participatory Case Planning		CAPIT		Strategy Rationale Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.
Consistently utilize Structured Decision Making (SDM) through the life of the case; utilize Signs of Safety (SOS) in the context of Family Team Meetings to increase Participatory Case Planning.		CBCAP		
		PSSF		
		X CWSOIP, CWS, and/or other sources.		
Milestone	3.6.1 Social Workers will continue to complete FTM's at significant case changes throughout the life of the case, specifically at all decision points to change or decline to change the service component. Participatory Case Plans will be completed and signed prior to court hearings.	Status		A social worker requests a FTM for: <ul style="list-style-type: none"><li>• Reunification after a case review with his/her supervisor determines that it may be appropriate to begin overnight visits or return home. Ideally this FTM occurs prior to the concurrent and permanency planning multi-disciplinary team (CCPMDT) meeting, which approves the placement recommendation.</li><li>• Permanency Planning after a case review with his/her supervisor determines that the child may not be reunited with his/her family of origin due to lack of progress on the part of the parent(s). This FTM generally occurs after the child has been in care for a number of months, and prior to the scheduled Permanency Hearing.</li></ul> Staff education and training continues in the attempt to institutionalize the FTM process into routine practice.  Participatory planning is a strength-based approach to working with families and individuals who may have multiple needs that are complex. Participatory Case Planning (PCP) in the provision of services is family centered, culturally sensitive, and brings teams of people together (including the community) to build a plan that is strength-based and individualized. PCP utilizes the family strengths and needs assessment SDM tool to guide family involvement, use family's ideas/input and develop behavior specific case plans. These case plans identify what behavior, specific to the family's needs, needs to be demonstrated to show the family has changed. PCP uses SOP to identify the 3 top areas to make the family safe. FTM's then focus on the 3 top areas. Either at an FTM or talking with family, SW and family identifies top 3 and identifies solutions, and SW writes case plan and reviews with the family. The goal has been to have the PCP case plan completed and ready for family signature prior to Court so families can review and discuss their thoughts regarding their families needs and solutions. We are still working to reach this goal. There is still work to be done to increase parent participation in the development of the case plan. Specifically, Children's Services needs to work to define a consistent definition and practice implementation plan for PCP that needs to be conveyed to all staff.

<p><b>Milestone</b></p>	<p><b>3.6.2</b> Participatory Case Plans will include all Linkages families.</p>	<p><b>Status</b></p>	<p>"LINKAGES" is the term used in Shasta County to name the philosophy and working partnership between CalWORKs, Shasta County HHSA Children's Services, (Children's Services) and community-based partners. Shasta County HHSA has instituted LINKAGES with the goal of assisting families to achieve self-sufficiency and to promote child safety, permanency and well being. LINKAGES is a practice, not a program. LINKAGES practice enhances intra-agency collaboration and linkages to community services and resources that provide a network of support for the family.</p> <p>All families, who have an open CalWORKs case and an open Children's Services case, have a LINKAGES case coordination meeting within the first two weeks of an opened Children's Services case, if possible. The LINKAGES Case Coordination meeting brings together a team of support with the family, for the family. Through the meeting process, the family's case plans are coordinated and streamlined so that the family's success is enhanced in meeting the goals and timelines of many different case plans. In addition to the coordination of case plans, the LINKAGES meeting provides linkages to other resources in the community and/or available through other public agencies and/or community based organizations.</p> <p>We piloted having the LINKAGES Case Coordination meeting within the FTM using Participatory Case Planning. The pilot was unsuccessful due to the time necessary for the LINKAGES portion of the meeting. We still discuss LINKAGES at the FTM but the LINKAGES Case Coordination meeting has been separated out.</p>
<p><b>Milestone</b></p>	<p><b>3.6.3</b> Continue to utilize the SDM Reassessment Tool and the Signs of Safety (SOS) tools in FTMs.</p>	<p><b>Status</b></p>	<p>Safety Organized Practice (SOP) is utilized in FTMs. SOP includes SDM, SOS, plus trauma-informed practice. Structured Decision Making (SDM) is an approach to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. Child and family needs and strengths are identified and considered in developing and monitoring progress toward a case plan. Social workers have the responsibility for completing the SDM Reassessment Tool prior to the FTM. In SOP "safety" is actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time. The 3 questions of safety mapping opens discussion for what is working well, what are the concerns, and what are the next steps. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.</p>

## SIP Component – Placement Stability

### Outcome/Systemic Factor:

- C.4 Placement Stability Composite
- C.4.1 Placement Stability (8 Days to 12 months in care)
- C.4.2 Placement Stability (12 to 24 months in care)
- C.4.3 Placement Stability (At Least 24 Months in Care)

### County's Current Performance:

C.4 Placement Stability Composite – Original performance: 86.3. Most recent performance: 90.2. National Standard/Goal:  $\geq 101.5$ .  
 C.4.1 Placement Stability (8 Days to 12 months in care) – Original performance: 84.8. Most recent performance: 83.2. National Standard/ Goal:  $\geq 86.0$   
 C.4.2 Placement Stability (12 to 24 months in care) – Original performance: 52.9. Most recent performance: 58.5. National Standard/Goal:  $\geq 65.4$   
 C.4.3 Placement Stability (At Least 24 Months in Care) – Original performance: 20.4. Most recent performance: 26.7. National Standard/Goal:  $\geq 41.8$

### Improvement Goal 4.0

C.4 Placement Stability Composite - Goal: 5% improvement of original performance by June 2015 ( $\geq 90.6$ )

### Strategy 4.1 - Family Engagement

Increase Family Finding and Engagement

CAPIT

CBCAP

PSSF

X  
CWSOIP,  
CWS, and/or  
other  
sources

### Strategy Rationale

Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to Relative/NREFM care providers.

### 4.1.1

Continue to institutionalize Family Finding and Engagement practices. Expand utilization of supports such as search engines designed to locate people. Update Guidelines and Procedures.

Milestone

Status

Children's Services (CS) provides family search and engagement services to all clients involved with child welfare services in Shasta County. The family search and engagement process begins at first contact with the family to identify if there are local relatives/fictive kin that could provide support to the family to eliminate the need for temporary custody. For every child brought into custody, CS assesses all known/identified relatives and non-relative extended family members (Rel/NREFM) to determine their suitability to serve as a placement for the child. If Rel/NREFM placement is not possible, the social worker (SW) continues family search and engagement to locate, contact, and support an ongoing relationship for the child. Family search and engagement continues throughout the duration of the case. Search efforts are documented and results are reported at Intake staffing and Multi-Disciplinary Team presentations. The SW reassesses for relative placement at any point of the case when there is a need for a placement change.

<b>Milestone</b>	<b>4.1.2</b> Clarify and streamline process for clearing relatives and non-relative extended family members. Implement redefined Emergency Rel/NREFM procedure and updated Non-Emergency Rel/NREFM procedure. Document Policy and Procedures.	<b>Status</b>	<p>In the event the needs of the child necessitate an emergency placement, CS has clarified and streamlined the process for social workers to evaluate potential Rel/NREFM placements by identifying and utilizing "5 C's" which include:</p> <ol style="list-style-type: none"> <li>1. Criminal Record Statement completed (inside relative placement packet)</li> <li>2. California Law Enforcement Telecommunication System (CLETS) criminal history check</li> <li>3. Child Welfare Services/Case Management System (CWS/CMS) check</li> <li>4. Child Abuse Central Index (CACI) check (call DOJ)</li> <li>5. Home check (assessment)</li> </ol> <p>After approval from a Supervisor, temporary placement may be made. CS Intake has been able to use this process to keep children with their family and have out of home care with relatives. If the relative applicants have criminal history the process is slower, however there have been occasions where an approval has still been possible within a few days. A process has been completed for both emergency and non-emergency Rel/NREFM placement.</p>
<b>Milestone</b>	<b>4.1.3</b> Continue to provide training on the benefits, values, and use of the Family Finding and Relative Engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.	<b>Status</b>	<p>Training has been conducted by a staff MSW, whose past MSW Internship included working with SW in other counties to research their methods for Family Finding, Relative Engagement, and Emergent Placement Assessment. Training has included presentations to new hires with the agency to provide information regarding Family Finding and Emergent Assessments, to SW regarding the laws and regulations that pertain to relative placement and to CS staff where a film was shown that featured youth that had aged out of foster care without family connections.</p>
<b>Milestone</b>	<b>4.1.4</b> Establish a Family Finding and Engagement workgroup to meet on a quarterly basis to monitor the efficacy of practices to determine improvements, if any, for programmatic and managerial use.	<b>Status</b>	<p>The Family Finding and Engagement workgroup was meeting on a quarterly basis with SW Supervisor representation from Intake and Ongoing to monitor practices and determine needed improvements. SW Supervisor participation became intermittent about 6 months ago. The CS Program Analyst has continued to meet monthly with the Intake and Ongoing Program Managers to review and update the current process. Once the updated process is complete through Management approval, the Analyst and PMs are planning a SW and SW Supervisor training and to reinvigorate the workgroup.</p>



Strategy 4.2 – Support Services		Strategy Rationale	
Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)		CAPIT	Providing tools, strategies, and support services to secondary care providers (foster parents, Rel/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.
		CBCAP	
		PSSF	
	X	CWSOIP, CWS, and/or other sources	
<b>4.2.1</b> Continue to expand Positive Parenting Program (Triple-P)® evidence-based practice to include the training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.	<b>Status</b>	Positive Parenting Program (Triple-P)® is a multi-level system of parenting and family support. Its goals are to promote the independence and health of families through enhancement of parents' knowledge, skills, and confidence; to promote the development of safe, protective, and nurturing environments for children; to promote the development, growth, and social competence of young children; to reduce childhood behavioral and emotional problems and adolescent delinquency, substance abuse, and academic failure; to enhance the competence, resourcefulness, and self-sufficiency of parents in raising their children; and to reduce the incidence of child maltreatment. Triple-P® is offered to all foster parents and an introduction to Triple-P® has been incorporated into the Foster Pride training curriculum. All Foster Care Licensing staff, the Foster Parent Liaison and the SA/HIV Public Health Nurse involved with the training and recruitment of foster parents are Triple-P® trained and are available to train others. Relative/NREFM care providers are offered Triple-P® training through FKCE. Foster and Kinship Care Education (FKCE).	
<b>Milestone</b>			

<b>Milestone</b>	<b>4.2.2</b> Continue to include secondary care providers in Participatory Case Planning and Placement Planning activities to ensure that all safety and protection concerns are included in the process.	<b>Status</b>	<p>The Quality Parenting Initiative (QPI) began as a collaborative effort between CDSS, CWDA, and the Youth Law Center with support from the Stuart, Walter S. Johnson and David B. Gold foundations. The goal of the initiative is to develop a statewide approach to recruiting and retaining high-quality caregivers to provide the loving, committed, skilled care that the child needs, while working effectively with the child welfare system to reach the child's long term goals. Shasta has embraced QPI and has developed the following brand statement:</p> <p>Excellent Shasta County Foster Parents are valued, trusted, team member who make a commitment to children in our community by:</p> <ul style="list-style-type: none"> <li>• Normalizing childhood experiences</li> <li>• Identifying and advocating for children's needs and services</li> <li>• Practicing and modeling positive and strength based parenting</li> <li>• Compassionately partnering with parents</li> <li>• Participating in training and support services with flexibility, integrity and humor</li> </ul> <p>Through QPI we have worked on making sure care providers are part of the team and when appropriate:</p> <ul style="list-style-type: none"> <li>• Invited to transition meetings when the child moves from one home to another</li> <li>• Invited to safety planning meetings</li> <li>• Invited to Family Team Meetings and High Risk Team meetings</li> </ul> <p>Confidentiality concerns have been raised regarding having care providers participating in Participatory Case Planning meetings.</p>
<b>Milestone</b>	<b>4.2.3</b> Continue to provide High-Risk Team meetings/services for foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the foster parent through the creation and implementation of a individualized, intensive service package that will support the child's needs while the child is in foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.	<b>Status</b>	<p>The Shasta County High Risk Team (HRT) is a support network for children and caregivers who are involved with Children's Services. The goal is to create safe, stable homes for children through collaborative team meetings, comprehensive assessment of children's needs and the development of individualized action plans. The purpose of the meeting is centered on providing support and services to children in collaboration with care providers. The HRT concept was initiated by foster and adoptive parents who recognized that a certain percentage of our children have special needs requiring more than the average level of care and services normally provided to children in our system. It was further recognized that a failure to respond to these children's needs in a timely and comprehensive manner had a destabilizing effect on the child and the placement as well as post-adoptive homes. The HRT also occurs when the out of home placement for the child begins to disrupt and a request has been made for the child to be moved or when the social worker determines that safety or other issues exist in the current placement, requiring the child to be moved to an alternative out of home placement. A specialized case manager and high-risk team focus on early identification of high-risk children and determining what the child needs to feel supported in the foster home. They work closely with care providers and social workers to access needed services. 13-22 meetings are held every month and may occur at any stage of the case right up to the time a child is adopted. HRT meetings after adoption are currently facilitated by Lilliput Children's Services. The HRT Advisory group meets quarterly and has representation including Adoptive Parent, Foster Parent, MH, Education, SW, and Lilliput Children's Services. We are working to add youth/CYC and parent representation.</p>

## SIP Component – Build Connections for Foster Youth

### Outcome/Systemic Factor:

- 4B Least Restrictive Placement (Entries First Placement: Relative)
- 4B Least Restrictive Placement (Point in Time: Relative)
- 8A Permanency Connection with an Adult

### County's Current Performance:

- 4B Least Restrictive Placement (Entries First Placement: Relative) – Original performance: 4.6. Most recent performance: 8.4
- 4B Least Restrictive Placement (Point in Time: Relative) – Original performance: 22.5. Most recent performance: 35.4
- 8A Permanency Connection with an Adult – Original performance: 100.0. Most recent performance: 100.0

### Improvement Goal 5.0 - Build Connections for Foster Youth

- 4B Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement of original performance by June 2015 (>=4.8)
- 4B Least Restrictive Placement (Point in Time: Relative) – 5% improvement of original performance by June 2015 (>=23.6)
- 8A Permanency Connection with an Adult - Goal: Expand services and monitor caseload to **include more eligible youth** in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.

**Strategy 5.1: Family Engagement**  
Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.

**CAPIT**

**CBCAP**

**PSSF**

**X**

**CWSOIP, CWS, and/or other sources.**

### Strategy Rationale

Utilize existing "Family Finding" procedures and Relative Engagement models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender whose victim is in the home).

### 5.1.1

Train social workers and juvenile probation officers in the availability of Family Finding resources. Social Worker Supervisors use supervision time with social workers to review/encourage use and documentation of Family Finding resources.

### Milestone

Training has included presentations to new hires with the agency to provide information regarding Family Finding and Emergent Assessments, to SW regarding the laws and regulations that pertain to relative placement and to CS staff where a film was shown that featured youth that had aged out of foster care without family connections. A staff MSW, whose past MSW intern focus was Family Finding and Engagement provided training in small groups and with individuals regarding entry of the information in CWS/CMS and has assisted SW in searching for family members by using data bases and subscription/non-subscription location services

### Status

Milestone	5.1.2 Implement the clearing of Relatives and Non-Relative Extended Family Members (NREFM) for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth. Develop Guidelines and Procedures.	Status	A formalized Policy and Procedures still needs to be developed and implemented to facilitate verification of the safety and appropriateness of life-long connections with relatives and non-relative extended family members with youth. Currently, through Family Finding & Engagement relatives are located and people are identified who are willing to be involved. The case carrying SW then determines if the identified people are appropriate and what their level of contact with the youth should be.		
Milestone	5.1.3 Increase youth participation in support services such as High Risk Team Meetings, Family Team Meetings, Connections Meetings, and Safety Planning Meetings.	Status	The Shasta County High Risk Team (HRT) is a support network for youth and caregivers who are involved with Children Services. The High Risk Team concept was initiated by foster and adoptive parents who recognized that a certain percentage of our youth have special needs requiring more than the average level of care and services normally provided to youth in our system. A specialized case manager and high-risk team focus on early identification of high-risk youth. They work closely with care providers and social workers to access needed services. Youth are invited to the HRT, FTM and Safety Planning Meetings, as appropriate, depending the age of the youth and/or the topic discussion.		
Strategy 5.2: Participatory Case Planning Expand Family Team Meetings to include connection resources in addition to placement decisions.			CAPIT	Strategy Rationale By augmenting the existing Family Team Meetings to include a component of family community connections with the intent being ongoing support in a mentoring or service oriented role.	
			CBCAP		
			PSSF		
			X CWSOIP, CWS, and/or other sources.		
Milestone	5.2.1 Train social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth. (Beginning at age 15.5 years, youth-driven, completed/updated every 6 months with participation of youth and included in court documentation.)	Status	<ul style="list-style-type: none"><li>January 2012: Juvenile Probation brought in a trainer from UC Davis to provide training to Probation and Children's Services staff. Training covered the TILP, many aspects of case planning and documentation into CWS/CMS.</li><li>Children's Services provides training to social workers (SW) on an ongoing basis to ensure they know the requirements of completing and updating TILP for all eligible youth.</li><li>CS Program Analyst generates quarterly reports from SafeMeasures to show TILPs completed, updated, or overdue. This information is provided to CS Program Manager, Supervisors, and SW.</li></ul>		

<b>Milestone</b>	<p><b>5.2.2</b> Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Train social workers and Juvenile Probation staff to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.</p>	<p><b>Status</b></p> <ul style="list-style-type: none"> <li>• Placement data input by the Placement Clerk and reviewed by the CS Program Analyst.</li> <li>• January/February 2012: training provided to Juvenile Probation and Children's Services staff on the details of the NYTD and the requirements for entering data on completed ILP services.</li> <li>• Shasta County ILP provides written documentation every quarter on completed ILP services. Individual reports are provided to CS for each youth completing ILP services. This information is delivered to the case carrying SW, Supervisors, and Program Manager. To ensure accuracy of data entry all data is entered into CWS/CMS by an Office Assistant specially trained to enter this data. Data entry is reviewed for accuracy by the OA Supervisor, Program Analyst, and Program Manager.</li> </ul>
<b>Milestone</b>	<p><b>5.2.3</b> Utilize a tracking system to ensure completion of TILPs and data entry for NYTD.</p>	<p><b>Status</b></p> <ul style="list-style-type: none"> <li>• CWS/CMS Help Desk Analyst generates a monthly report of all ILP-aged youth and the ILP services documented in their case file. This information is provided to Program Manager, Supervisors and SW.</li> <li>• Program Analyst generates reports from SafeMeasures to inform SW, Supervisors and Program Manager of the number of completed ILP services documented for each youth.</li> </ul>

## System Improvement Plan – 2013 (June 2013 – June 2014)

### SIP Component – Prevention of Child Maltreatment

<b>Outcome/Systemic Factor:</b>				
Participation Rates: Referral Rates				
Participation Rates: Substantiation Rates				
S1.1 No Recurrence of Maltreatment				
<b>County's Current Performance:</b>				
Participation Rates: Referral Rates – Original performance: 77.9. Most recent performance: 92.2				
Participation Rates: Substantiation Rates – Original performance: 19.1. Most recent performance: 18.2				
S1.1 No Recurrence of Maltreatment – Original performance 89.8. Most recent performance: 91.0. National Standard/Goal: >=94.6				
<b>Improvement Goal 1.0</b>				
Participation Rates: Referral Rates – Goal: 5% improvement of original performance by June 2015 (<=74.0)				
Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement of original performance by June 2015 (<=18.1)				
S1.1 No Recurrence of Maltreatment – Goal: 5% improvement of original performance by June 2015 (>=94.3)				
<b>Strategy 1.1 – Community Collaboration toward Prevention of Adverse Childhood Experiences</b>		<b>Strategy Rationale</b>		
To prevent adverse childhood experiences, the Strengthening Families Community Collaborative is working to increase community awareness of and engagement in preventing adverse childhood experiences. Subcommittee structure and work is being organized around perinatal exposure to violence and substance use, maternal mental health and emotional well being; increased protective factors for youth who identify three or more types of adverse childhood experience in their personal history; and increased parenting abilities among parents.		CAPIT	Community leaders from First 5 Shasta, Shasta County Child Abuse Prevention Coordinating Council, and the three Departments that were consolidated into the Shasta County HHSA (Public Health, Mental Health, and Social Services)	
		CBCAP		
		PSSF	established the Shasta County PREVENT Team to develop a comprehensive community-based strategic framework for the primary prevention of child maltreatment in Shasta County.	
		CWSOIP, CWS, and/or other sources.	Building on PREVENT Team work, Health and Human Services Agency Strategic Plan 2011-2020 now includes development of a community collaborative focused on prevention of adverse childhood experiences.	
<b>Milestone</b>	<b>1.1.1</b>	HHSA Children's Services to be involved and visible through continued active participation in the community collaborative focused on prevention of adverse childhood experiences.		Assigned to June 2013 – June 2014 Shasta County Strengthening Families, HHSA Children's Services (CS) Administrators and Management.
<b>Milestone</b>	<b>1.1.2</b>	HHSA Children's Services staff educated and trained about the community collaborative strategies to reduce the rate of substantiated cases of child maltreatment.		Assigned to June 2013 – June 2014 HHSA CS Management, HHSA CS SW Supervisors and Training Coordinator, HHSA CS CWS Staff.

Milestone	1.1.3	Provide support services for high risk pregnant women. Coordinate with the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.	Timeframe	June 2013 – June 2014	Assigned to	HHS CS Management, HHS CS CWS Staff.
Strategy 1.2 – SafeCare®	Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.	X	CAPIT	<b>Strategy Rationale</b> DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative parent partner response for referrals that are evaluated out or are closed because, after investigating Children's Services (CS) believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing stress. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences. The strengthening of DR through the incorporation of the evidence-based practice SafeCare® will enable the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to address the neglect precursors to child abuse/neglect. Implementing SafeCare® will decrease risk factors for child maltreatment, the number of future referrals, and recurrence.		
		X	CBCAP			
Milestone	1.2.1	To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County the trained and certified Shasta SafeCare® Trainers will train and certify 6 to 12 new SafeCare® Home Visitors countywide to continue to prevent child maltreatment. 2-6 of the 6-12 trained and certified SafeCare® Home Visitors will be trained and certified as SafeCare® Coaches.	Timeframe	June 2013 – June 2014	Assigned to	Shasta County SafeCare® Executive Committee, HHS CS and SCAPCC Home Visitation Team, HHS CS Administrators, HHS CS Management and CWS Staff.

Strategy 1.3 – CBCAP Parent Leadership		CAPIT		Strategy Rationale			
Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.		X	CBCAP	The strengthening of processes that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.			
			PSSF				
			CWSOIP, CWS, and/or other sources				
Milestone	1.3.1	Continue to identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, Katie A. implementation, etc.) Maintain mechanism for compensation through stipends/gift cards.		Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, SCAPCC, HHSA CS SW Supervisors, HHSA CS Program Analyst.
Milestone	1.3.2	Parent Leadership portion of the Community Based Child Abuse Prevention contract with SCCAPCC strengthened to include an updated logic model, updated an evaluation component, an evidence-based/informed structure, and a structured peer review component.		Timeframe	June 2013 – June 2014	Assigned to	SCAPCC, HHSA CS Administrators and Management, HHSA CS Program Analyst.



## SIP Component – Reduce Rate of Foster Care Placement

<b>Outcome/Systemic Factor:</b> Participation Rates: Entry Rates Participation Rates: Care Rates C1.4 Reentry Following Reunification (Exit Cohort)			
<b>County's Current Performance:</b> Participation Rates: Entry Rates – Original performance: 7.3. Most recent performance: 9.0 Participation Rates: in Care Rates – Original performance: 13.6. Most recent performance: 13.5 C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 4.3. National Standard/Goal: <=9.9			
<b>Improvement Goal 2.0 - Reduce Rate of Foster Care Placement</b> Participation Rates: Entry Rates – Goal: 5% improvement of original performance by June 2015 (<=6.9) Participation Rates: in Care Rates – Goal: 5% improvement of original performance by June 2015 (<=12.9) C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement of original performance by June 2015 (<=11.2)			
<b>Strategy 2.1 – Family Finding</b> Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.	<b>Strategy Rationale</b> Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.		
	<b>CAPIT</b> CBCAP PSSF X CWSOIP, CWS, and/or other sources		
	<b>Timeframe</b> June 2013 – June 2014		
	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.		
<b>Milestone</b> <b>2.1.1</b> Review and update Policy and Procedure for staff family finding and early engagement practices to support social workers efforts with family safety planning so that frequency of temporary custody is reduced.	<b>Strategy Rationale</b> Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.		
	<b>CAPIT</b> CBCAP PSSF X CWSOIP, CWS, and/or other sources.		
	<b>Strategy 2.2 – Family Team Meetings</b> Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.		
	Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.		

<b>Milestone</b>	<b>2.2.1</b> An initial Family Team Meeting (FTM) will be offered to parents and their family support persons. Included in the initial FTM will be the Intake and Ongoing social workers. The Interim Case Plan attached to the Detention Report will include clients being offered an initial FTM for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.
<b>Milestone</b>	<b>2.2.2</b> Review and update Family Team Meeting Policy and Procedure.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FT Advisory Workgroup, HHSA CS Program Analyst.
<b>Strategy 2.3 - SafeCare®</b> Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, daily home structure, and problem solving provided to voluntary and court order family maintenance cases.		<b>CAPIT</b>	<b>Strategy Rationale</b> Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.		
		<b>CBCAP</b>			
		<b>PSSF</b>			
		<b>CWSOIP, CWS, and/or other sources.</b>			
<b>Milestone</b>	<b>2.3.1</b> SafeCare® home visitation in-home parent training provided to appropriate voluntary and court ordered family maintenance families by HHSA SafeCare® Home Visitors.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	Shasta County SafeCare® Executive Committee, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS Home Visitation Team.

Strategy 2.4 – SOP (SDM and SOS)		CAPIT		Strategy Rationale Signs of Safety and Structured Decision Making implemented together with Solution Focused/Motivational/Appreciative Inquiry interviewing; Family Team Meetings; Safety Mapping/Planning; and inclusion of Children's Youth/Voice lead to positive outcomes. These outcomes include decreased entry/reentry into foster care; positive inter-agency collaboration/exchange of information; increased children/youth voice in safety/safety planning/placement decisions, and increase family engagement.
		X	CWSOIP, CWS, and/or other sources.	
Milestone	2.4.1 Continue participation in University of CA Davis sponsored and/or in-house provided Safety Organized Practice (SOP) training/mentoring and implementation activities.	Timeframe		Assigned to
		June 2013 – June 2014		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff, HHSA CS Program Analyst.
Milestone	2.4.2 Social Workers will complete the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.	Timeframe		Assigned to
		June 2013 – June 2014		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.
Milestone	2.4.3 Social Worker Supervisor use Safe Measures tools and supervision time with social workers to review/ensure greater than 90% SDM usage.	Timeframe		Assigned to
		June 2013 – June 2014		HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.

**SIP Component – Reduce Time to Reunification**

<b>Outcome/Systemic Factor:</b> C1 Reunification Composite C1.1 Reunification Within 12 Months (Exit Cohort) C1.2 Median Time to Reunification (Exit Cohort) C1.3 Reunification Within 12 Months (Entry Cohort) C1.4 Reentry Following Reunification (Exit Cohort)				
<b>County's Current Performance:</b> C.1 Reunification Composite – Original performance: 98.9. Most recent performance: 144.9. National Standard/Goal: >=122.6 C1.1 Reunification Within 12 Months (Exit Cohort) – Original performance: 52.4. Most recent performance: 78.3. National Standard/Goal: >=75.2 C1.2 Median Time to Reunification (Exit Cohort) – Original performance: 11.9. Most recent performance: 6.5. National Standard/Goal: <=5.4 C1.3 Reunification Within 12 Months (Entry Cohort) – Original performance: 39.9. Most recent performance: 40.4. National Standard/Goal: >=48.4 C1.4 Reentry Following Reunification (Exit Cohort) – Original performance: 11.8. Most recent performance: 4.3. National Standard/Goal: <=9.9				
<b>Improvement Goal 3.0 - Reduce Time to Reunification</b> C.1 Reunification Composite – Goal: 5% improvement of original performance by June 2015 (>=103.8)				
<b>Strategy 3.1 – Father Finding and Engagement</b> Increase father finding and engagement efforts the through Supporting Father Involvement program.		<b>Strategy Rationale</b> The Supporting Father Involvement (SFI) program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.		
		CAPIT		
		CBCAP		
		PSSF		
		X	CWSOIP, CWS, and/or other sources	
<b>Milestone</b>	<b>3.1.1</b> Maintain a father engagement support group for fathers to attend to talk about their case plans. This is a confidential group that is not tied to the case plan.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS MH CDC, HHSA CS Program Analyst.
<b>Milestone</b>	<b>3.1.2</b> Provide community/staff education/training regarding the importance of identifying and engaging fathers for the care of the child, with research related and outcome data.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS Staff Development Supervisor, HHSA CS MH CDC, HHSA CS Program Analyst.

<b>Strategy 3.2 – Triple-P®</b> Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.		<b>Strategy Rationale</b> This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the participants. Parent education providers will be trained to implement Triple-P® training with parents and HHSA CS Family Workers will be trained to support and reinforce the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.	
		<b>CAPIT</b>	
		<b>CBCAP</b>	
		<b>PSSF</b>	
	<b>X</b>	<b>CWSOIP, CWS, and/or other sources</b>	
<b>Milestone</b>	<b>3.2.1</b> Continue to integrate Positive Parenting Program (Triple-P)® into provider services, where applicable.	<b>Timeframe</b>	June 2013 – June 2014 <b>Assigned to</b> SIP Core Committee, HHSA contracts staff, HHSA CS Program Managers, County Counsel, and Service Providers.
<b>Milestone</b>	<b>3.2.2</b> Implement a system in CWS/CMS to track the number of families receiving Positive Parenting Program (Triple-P)® services.	<b>Timeframe</b>	June 2013 – June 2014 <b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Strategy 3.3 – Linkages</b> Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.		<b>Strategy Rationale</b> Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.	
		<b>CAPIT</b>	
		<b>CBCAP</b>	
		<b>PSSF</b>	
	<b>X</b>	<b>CWSOIP, CWS, and/or other sources.</b>	
<b>Milestone</b>	<b>3.3.1</b> Continue co-location of the Linkages Coordinator at Children's Services to increase the number of Linkages eligible cases that engage in Linkages, sign a coordinated case plan, and participate in coordinated services.	<b>Timeframe</b>	June 2013 – June 2014 <b>Assigned to</b> HHSA Linkages Team, HHSA CS and CalWORKs management.

Milestone	3.3.2 Provide Linkages clients with coordinated services focused on barriers to employment and reunification including Behavioral Health services and other client-specific programs.	Timeframe	June 2013 – June 2014	Assigned to	HHSA Linkages Team, HHSA CS social workers and CalWORKs case managers, HHSA Behavioral Health Team and CS Clinical Staff.
Milestone	3.3.3 Continue to expand Linkages training and broader HHSA engagement; refining objectives and recommendations for improvement in the service system structure.	Timeframe	June 2013 – June 2014	Assigned to	HHSA Linkages Team, HHSA CS Staff Development Supervisor and CalWORKs Training Manager, HHSA Community Education Specialists.
Milestone	3.3.4 Review and update written procedures and monthly list identifying eligible FM/FR clients who may benefit from coordinated services.	Timeframe	June 2013 – June 2014	Assigned to	HHSA Linkages Team, HHSA CS and CalWORKs Program Analysts.
Strategy 3. 4 - SafeCare® Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving provided to reunifying families when children trial home placement.					

Milestone	3.5.1 Court Workgroup to continue to develop strategies to improve current practices (e.g., timely filing of court reports; consistent/accurate data entry for results tracking and information gathering, and working with the court on setting procedures, staff training, etc.)	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA CS Court Workgroup, Blue Ribbon Committee.
Strategy 3. 6 – Participatory Case Planning		Strategy Rationale Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.			
Consistently utilize Structured Decision Making (SDM) through the life of the case; Safety Organized Practice (SOP) in the context of Family Team Meetings to increase Participatory Case Planning.		CAPIT			
		CBCAP			
		PSSF			
		X	CWSOIP, CWS, and/or other sources.		
Milestone	3.6.1 Social Workers will continue to complete FTMs at significant case changes throughout the life of the case, specifically at all decision points to change or decline to change the service component. Participatory Case Plans will be completed and signed prior to court hearings.	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA FTM Advisory Workgroup.
Milestone	3.6.2 Continue to utilize the SDM Reassessment Tool and the Safety Organized Practice (SOP) tools in FTMs.	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.

## SIP Component – Placement Stability

<b>Outcome/Systemic Factor:</b>				
C.4 Placement Stability Composite				
C.4.1 Placement Stability (8 Days to 12 months in care)				
C.4.2 Placement Stability (12 to 24 months in care)				
C.4.3 Placement Stability (At Least 24 Months in Care)				
<b>County's Current Performance:</b>				
C.4 Placement Stability Composite – Original performance: 86.3. Most recent performance: 90.2. National Standard/Goal: >=101.5.				
C.4.1 Placement Stability (8 Days to 12 months in care) – Original performance: 84.8. Most recent performance: 83.2. National Standard/Goal: >=86.0				
C.4.2 Placement Stability (12 to 24 months in care) – Original performance: 52.9. Most recent performance: 58.5. National Standard/Goal: >=65.4				
C.4.3 Placement Stability (At Least 24 Months in Care) – Original performance: 20.4. Most recent performance: 26.7. National Standard/Goal: >=41.8				
<b>Improvement Goal 4.0</b>				
C.4 Placement Stability Composite - Goal: 5% improvement of original performance by June 2015 (>=90.6)				
<b>Strategy 4.1 - Family Engagement</b> Increase Family Finding and Engagement		<b>CAPIT</b>	<b>Strategy Rationale</b> Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and therefore increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system without long term supportive relationships. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to the foster or Relative/NREFM care providers.	
		<b>CBCAP</b>		
		<b>PSSF</b>		
	X	<b>CWSOIP, CWS, and/or other sources</b>		
<b>4.1.1</b> Milestone	Continue to institutionalize Family Finding and Engagement practices. Expand utilization of supports such as search engines designed to locate people. Update Guidelines, Policy and Procedures.	Timeframe	June 2013 – June 2014	Assigned to HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>4.1.2</b> Milestone	Review process for clearing relatives and non-relative extended family members. Review and complete Emergency Rel/NREFM policy and procedure and Non-Emergency Rel/NREFM policy and procedure.	Timeframe	June 2013 – June 2014	Assigned to HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.



<b>Milestone</b>	<b>4.1.3</b> Continue to provide training on the benefits, values, and use of the Family Finding and Relative Engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Milestone</b>	<b>4.1.4</b> Re-establish a Family Finding and Engagement workgroup to meet on a quarterly basis to monitor the efficacy of practices to determine improvements, if any, for programmatic and managerial use.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Strategy 4.2 – Support Services</b> Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)					
		<b>Strategy Rationale</b> Providing tools, strategies, and support services to secondary care providers (foster parents, Rel/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children in care thereby increasing placement stability and the likelihood of permanency.			
	<b>4.2.1</b> Continue to expand Positive Parenting Program (Triple-P)® evidence-based practice to include the training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, Trained Triple-P® Providers, HHSA CS Program Analyst.
<b>Milestone</b>	<b>4.2.2</b> Continue to include secondary care providers in Family Team Meetings and Placement Planning activities to ensure that all safety and protection concerns are included in the process.	<b>Timeframe</b>	June 2013 – June 2014	<b>Assigned to</b>	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.

Milestone	<p><b>4.2.3</b></p> <p>Continue to provide High-Risk Team meetings/services for children in collaboration with foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the child through the creation and implementation of a individualized, intensive service package that will support the child's needs while the child is in foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.</p>	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS HRT Advisory Workgroup, HHSA CS SW Staff.
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## SIP Component – Build Connections for Foster Youth

<b>Outcome/Systemic Factor:</b>				
4B Least Restrictive Placement (Entries First Placement: Relative)				
4B Least Restrictive Placement (Point in Time: Relative)				
8A Permanency Connection with an Adult				
<b>County's Current Performance:</b>				
4B Least Restrictive Placement (Entries First Placement: Relative) – Original performance: 4.6. Most recent performance: 8.4				
4B Least Restrictive Placement (Point in Time: Relative) – Original performance: 22.5. Most recent performance: 35.4				
8A Permanency Connection with an Adult – Original performance: 100.0. Most recent performance: 100.0				
Improvement Goal 5.0 - Build Connections for Foster Youth				
4B Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement of original performance by June 2015 (>=4.8)				
4B Least Restrictive Placement (Point in Time: Relative) – 5% improvement of original performance by June 2015 (>=23.6)				
8A Permanency Connection with an Adult - Goal: Expand services and monitor caseload to <b>include more eligible youth</b> in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.				
<b>Strategy 5.1: Family Engagement</b> Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.	<b>CAPIT</b>	<b>Strategy Rationale</b>		
	<b>CBCAP</b>	Utilize existing "Family Finding" procedures and Relative Engagement models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender whose victim is in the home).		
	<b>PSSF</b>			
	<b>X CWSOIP, CWS, and/or other sources.</b>			
<b>5.1.1</b> Train social workers and juvenile probation officers in the availability of Family Finding resources. Social Worker Supervisors use supervision of time with social workers to review/encourage use and documentation of Family Finding resources.	<b>Timeframe</b>		June 2013 – June 2014	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.
<b>5.1.2</b> Implement the clearing of Relatives and Non-Relative Extended Family Members (NREFM) for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth. Develop process, policy and procedure.	<b>Timeframe</b>		June 2013 – June 2014	<b>Assigned to</b> HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and Juvenile Probation.

<b>Milestone</b>	<b>5.1.3</b> Increase youth participation in support services such as High Risk Team Meetings, Family Team Meetings, Connections Meetings, and Safety Planning Meetings.	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.
<b>Strategy 5.2: Participatory Case Planning</b> Expand Family Team Meetings to include connection resources in addition to placement decisions.		CAPIT	<b>Strategy Rationale</b> By augmenting the existing Family Team Meetings to include a component of family community connections with the intent being ongoing support in a mentoring or service oriented role.		
		CBCAP			
		PSSF			
		X CWSOIP, CWS, and/or other sources.			
<b>Milestone</b>	<b>5.2.1</b> Train social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth. (Beginning at age 15.5 years, youth-driven, completed/updated every 6 months with participation of youth and included in court documentation.)	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst, Transition Age Foster Youth (TAFY) Committee.
<b>Milestone</b>	<b>5.2.2</b> Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Train social workers and Juvenile Probation Officers to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.
<b>Milestone</b>	<b>5.2.3</b> Utilize a tracking system to ensure completion of TILPs and data entry for NYTD.	Timeframe	June 2013 – June 2014	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
<b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b> As the Health and Human Services Agency continues to evolve and coordinate local and regional services (decentralized services), and as the various department/unit functions evolve, we continue to identify training issues (e.g. Mental Health staff trained on Children's Services procedures and Children's Services staff trained on Mental Health and Public Health protocols, etc.), and coordination of services issues.					

<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <p>Expanded education of social worker staff and HHSA partners on Positive Parenting Program (Triple-P)®, Strengthening Families Initiative, SafeCare®, Parent Leadership, Safety Organized Practice, and other evidence-based, evidence-informed, or best practices as to their applicability to the current System Improvement Plan.</p>
<p><b>Identify roles of the other partners in achieving the improvement goals.</b></p> <p>Cross-training and subject matter advice by Shasta County Child Abuse Prevention Coordinating Council to the HHSA team. Continued collaboration with community partners around prevention of ACE Collaborative. Continued cross-training and inclusion of non-profit organizations such as Youth and Family Inc. in the formulation and monitoring of improvement objectives and goals.</p>
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p>Support and implementation of SB2030 workload standards. Access to CLETS for safety planning and expedient relative clearances.</p>

## **CHILD WELFARE SERVICES OUTCOME IMPROVEMENT PROJECT (CWSOIP) FUNDS NARRATIVE**

CWSOIP funds are intended to support county efforts to improve safety, permanency, and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement.

Shasta County used the CWSOIP funds to support the following SIP outcome improvement strategies over the previous fiscal year:

- Differential Response - DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative community response for referrals that are evaluated out or are closed because, after investigating CS believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing challenges that are stressing functional capabilities. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences.
- Triple-P® - Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services. Triple P is a strength-based, multi-level parenting model on that aims to enhance the knowledge, skills and confidence of parents. This model promotes self sufficiency by promoting parental problem solving, self confidence that the parent can overcome behavioral challenges of their children, provides tools and skills to assist parents in changing their parenting practices.
- High Risk Team Meetings - This service was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focused on early identification of high-risk children. They worked closely with care providers and social workers to access needed services. Shasta County Probation also had opportunity to utilize this program to improve permanency outcomes for probation wards.
- Providing support services for high risk pregnant women. Coordination hospital Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children by CFS and current or past CFS involvement). The goals of these assessments include: offering preventative services to the client such as referrals to community resources, obtaining necessary releases of information in order to expedite the referral and investigative process and to allow for the sharing of pertinent information amongst providers, and explaining the Child Welfare investigative process in an attempt to alleviate anxiety in the client prior to delivery.

- SafeCare®, an in-home parent-training program to prevent child maltreatment, is a behavioral skill-based model focused on skills related to neglect and abuse – health, safety, parent-child interactions and structured problem solving. SafeCare® has been provided to Differential Response recipients, voluntary and court ordered Family Maintenance cases and reunifying families when children begin trial home placements.
- Supporting Father Involvement (SFI) – the SFI program is a family focused, evidenced-based, clinical intervention aimed at effectively engaging fathers as key participants in family support and strengthening.
- Family Finding - Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake. Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-relative extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.
- Family Team Meetings - Increase parents/family engagement through Participatory Case Planning including Family Team Meetings. Engaging parents/families immediately can help the social workers to address the needs of the children as well as placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.
- Safety Organized Practice (SOP) - SOP includes SDM, SOS, plus trauma-informed practice. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.

#### **Probation:**

The funds were used in part for implementation of the "Parent Project" and Courage To Change programs. These programs were put in place to develop a team approach with parents and probation officers, while minors also learn to explore their own thinking errors. Probation officers' prior practice has been to refer minors and families out to other agencies for services rather than participating in the process. These programs will ensure that all efforts are undertaken before a minor is referred for out of home placement orders. The Probation Department will also encourage parents whose minor is already in placement to participate in the Parent Project to help prepare them for reunification. In 2012 the Probation Department added Thinking For a Change (T4C), another evidence-based, cognitive behavioral change program.

- Parent Project  
A twelve-week, three-hour per week parent-training curriculum that teaches concrete identification, prevention, and intervention strategies for the most destructive of adolescent behaviors. Two probation officers work with the parents as a team, not as

just facilitators of the program. Dinner is provided as a positive reinforcement for the parents' participation. Probation also purchased the workbooks for the parents who are unable to do so. The outcome will be that parents feel supported by the juvenile justice system and are part of a team approach to better address the needs of the family.

- Courage to Change

An evidenced-based Cognitive Behavioral Therapy (CBT) journaling and discussion course designed to develop the minor's ability to plan for better decision-making. This is a ten-week, two-hour long course that is part discussion, part journaling, some homework and group role play. The course is designed to improve decision-making skills, therefore lowering the minor's risk to re-offend.

- Thinking For a Change (T4C)

An evidence-based, integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills. Cognitive self-change teaches individuals a concrete process for self-awareness aimed at uncovering risky thoughts, feelings, attitudes, and beliefs. It is taught by using the simple principle that our thinking controls our behavior and to change our behavior, we must change our thinking.

The Probation Department has contracted with a local provider for T4C. Social skills instruction prepares participants to engage in pro-social interactions based on self-awareness and consideration of the impact their actions will have on others. Participants learn how to actively listen, ask questions, appropriately respond to others' anger, give feedback to others, effectively communicate apologies, negotiate, effectively communicate a complaint, understand the feelings of others, and recognize one's own feelings.